

Newborn Information Form

Fax completed form to 570-214-0200 upon discharge of the Mother

Mother Information	
Mother's Name:	
ID #:	
Mother's Phone #:	
Is the Mother a dependent on her parent's policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Facility:	
Reviewer's Name & Phone #:	
Date of Admission:	
Date of Discharge:	
Diagnosis:	Vaginal <input type="checkbox"/> C-section <input type="checkbox"/>
Attending Physician:	

Baby Information	
Newborn:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Newborn: [REQUIRED]	
Date of Birth:	
Discharge/ NICU/ Detained:	
Attending Physician:	
Newborn Weight:	
Apgars:	
Newborn's Primary Care Physician: [REQUIRED]	
Comments:	

GHP USE ONLY	
Auth #:	