Maine Birth Defects Program

Confidential Medical Report

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor — Mary C. Mayhew, Commissioner

Please Print Clearly Using Blue or Black Ink

Today's Date: _____/_____/_____

Child's Information

Name: _____ _____ ____
Last First MI

DOB: _____/_____/_____ or EDD: _____/_____/_____

Sex: ☐ Male ☐ Female ☐ Undesignated

Birth Status: ☐ Live ☐ Still

Autopsy: ☐ Yes ☐ No

Birth Facility: _____ MR# _____ Date of Discharge/Transfer _____/_____/_____

Transfer Facility: _____ MR# _____ If Deceased: Date of Death: _____/_____/_____

Diagnosis

☐ Prenatal ☐ At Birth ☐ Other _____ Status: ☐ Pending ☐ Confirmed

Diagnosis confirmed by: ☐ Ultrasound ☐ Cytogenics ☐ Physical Exam

Cardiovascular	☐ Spina Bifida	☐ Bladder Exstrophy
☐ Aortic Valve Stenosis	***Chromosomal***	☐ Epispadias
☐ Atrial Septal Defect	☐ Down Syndrome (Trisomy 21)	☐ Hypospadias
☐ Coarctation of Aorta	☐ Trisomy 13	☐ Obstructive Genitourinary Defect
☐ Common Trucus	☐ Trisomy 18	☐ Renal Agenisis
☐ Ebstein's Anomaly	***Ear***	☐ Renal Hypoplasia
☐ Endocardial Cushion Defect	☐ Anotia	***Musculoskeletal***
☐ Hypoplastic Left Heart Syndrome	☐ Microtia	☐ Congenital Hip Dislocation
☐ Patient Ductus Arteriosus	***Eye***	☐ Diaphragmatic Hernia
☐ Pulmonary Valve Atresia	☐ Aniridia	☐ Gastroschisis
☐ Pulmonary Valve Stenosis	☐ Anophthalmia	☐ Omphalocele
☐ Tetralogy of Fallot	☐ Congenital Cataract	☐ Reduction Deformity, Lower Limbs
☐ Transposition of Great Arteries	☐ Microphthalmia	☐ Reduction Deformity, Upper Limbs
☐ Tricuspid Valve Atresia	***Gastronintestinal***	***Orofacial***
☐ Tricuspid Valve Stenosis	☐ Biliary Atresia	☐ Choanal Atresia
☐ Ventricular Septal Defect	☐ Esophageal Atresia	☐ Cleft Lip
☐ Unknown / Suspected Cardiac	☐ Hirshsprung's Disease	☐ Cleft Lip with Cleft Palate
Central Nervous System	☐ Pyloric Stenosis	☐ Cleft Palate
☐ Anencephalus	☐ Rectal & Large Intestinal Atresia	***Other***
☐ Encephalocele	☐ Rectal & Large Intestinal Stenosis	☐ Amniotic Bands
☐ Hydrocephalus	☐ Tracheoesophageal Fistula	☐ Fetal Alcohol Syndrome
☐ Microcephalus	***Genitourinary***	☐ Other

Mother's Information

Name: _____ _____ _____ DOB: _____/_____/_____ MR# _____
Last First M.I.

Address: _____

_____
City State Zip Code

Phone: _____

Adoptive/Foster Parent(s) Name: _____

Address: _____
Street City State Zip Code

Phone: _____

Rev: 11/09/2011

Please Turn Over to Complete

M.Roy

Maine Birth Defects Program

Confidential Medical Report

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Paul R. LePage, Governor Mary C. Mayhew, Commissioner

Referrals Made

☐ Children with Special Health Needs Program **Date:** _____/_____/_____ ☐ Other: _____ **Date:** _____/_____/_____

☐ Child Development Services **Date:** _____/_____/_____ ☐ Other: _____ Date: _____/_____/_____

☐ Genetic Counseling **Date:** _____/_____/_____ ☐ Other: _____ Date: _____/_____/_____

Provider Information

Primary Pediatric Provider: _____ **Phone:** _____

Specialty Provider: _____ **Phone:** _____

Reporting Source: _____ **Phone:** _____

Complete form online at https://linkmc.ums.maine.edu/mebdreport/mebdreport.aspx

Mail or fax completed form to: Department of Health and Human Services
Maine Birth Defects Program
11 SHS, 7th Floor, 286 Water Street
Augusta, ME 04333-0011
Fax: (207) 287-5355

DHHS Non-Discrimination Notice The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to DHHS' ADA Compliance/EEO Coordinators, 11 State House Station – 221 State Street, Augusta, Maine 04333, 207-287-4289 (V), 207-287-3488 (V), 1-800-606-0215 (TTY). Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinators. This notice is available in alternate formats, upon request.