

**Maryland DHMH**  
**Office For Genetics And People With Special Health Care Needs**  
**Birth Defects Reporting Form**

Patient Name: \_\_\_\_\_ Hospital/Facility: \_\_\_\_\_ DOB: \_\_\_\_\_

Birth condition:  Definite  Suspected (If suspected, please enter "suspected" in general case notes)

<b>BDRIS Information</b>
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Delivery Status:  Live Birth  Fetal Death  Still Birth  Termination Gestational Age: \_\_\_\_\_

Reporter's Last Name: \_\_\_\_\_

Reporter's First Name: \_\_\_\_\_

Reporter Phone: \_\_\_\_\_

Mother's Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Time at Current Address:  < 3mos  3-6 mos  6-12 mos  1-3 yrs  3-5 yrs  > 5 yrs  Unknown

Previous Address: \_\_\_\_\_

Previous Apt. No.: \_\_\_\_\_

Previous City: \_\_\_\_\_

Previous State: \_\_\_\_\_

Previous County: \_\_\_\_\_

Previous Zipcode: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_

**Current Occupation:**

- |                    |                   |                           |
|--------------------|-------------------|---------------------------|
| Not Employed       | Unknown           |                           |
| Accounting         | Facilities        | Nonprofit Social Services |
| Admin/Clerical     | Finance           | Nurse                     |
| Automotive         | General Labor     | Pharmaceutical            |
| Biotech            | Government        | Professional Services     |
| Business           | Grocery           | QA- Quality Control       |
| Construction       | Health Care       | Research                  |
| Customer Services  | Hotel Hospitality | Restaurant/Food Service   |
| Design             | Human Resources   | Retail sales              |
| Dist/Shipping      | Information Tech  | Science                   |
| Education/Teaching | Journalism        | Skilled Labor Trades      |
| Engineering        | Management        | Telecommunications        |
| Executive          | Manufacturing     | Transportation            |

Current Employer: \_\_\_\_\_

Time at Current Employment:  < 1 yr     1-3 yrs     3-5 yrs     > 5 yrs     Unknown

Previous Occupation:

Not Employed	Unknown	
Accounting	Facilities	Nonprofit Social Services
Admin/Clerical	Finance	Nurse
Automotive	General Labor	Pharmaceutical
Biotech	Government	Professional Services
Business	Grocery	QA- Quality Control
Construction	Health Care	Research
Customer Services	Hotel Hospitality	Restaurant/Food Service
Design	Human Resources	Retail sales
Dist/Shipping	Information Tech	Science
Education/Teaching	Journalism	Skilled Labor Trades
Engineering	Management	Telecommunications
Executive	Manufacturing	Transportation

Previous Employer: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_

Father's First Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Time at Current Address:  < 3mos     3-6 mos     6-12 mos     1-3 yrs     3-5 yrs     > 5 yrs     Unknown

Previous Address: \_\_\_\_\_

Previous Apt. No.: \_\_\_\_\_

Previous City: \_\_\_\_\_

Previous State: \_\_\_\_\_

Previous County: \_\_\_\_\_

Previous Zipcode: \_\_\_\_\_

Father's Employment: \_\_\_\_\_

Current Occupation:

- |                    |                   |                           |
|--------------------|-------------------|---------------------------|
| Not Employed       | Unknown           |                           |
| Accounting         | Facilities        | Nonprofit Social Services |
| Admin/Clerical     | Finance           | Nurse                     |
| Automotive         | General Labor     | Pharmaceutical            |
| Biotech            | Government        | Professional Services     |
| Business           | Grocery           | QA- Quality Control       |
| Construction       | Health Care       | Research                  |
| Customer Services  | Hotel Hospitality | Restaurant/Food Service   |
| Design             | Human Resources   | Retail sales              |
| Dist/Shipping      | Information Tech  | Science                   |
| Education/Teaching | Journalism        | Skilled Labor Trades      |
| Engineering        | Management        | Telecommunications        |
| Executive          | Manufacturing     | Transportation            |

Current Employer: \_\_\_\_\_

Time at Current Employment:  < 1 yr     1-3 yrs     3-5 yrs     > 5 yrs     Unknown

Previous Occupation:

- |                    |                   |                           |
|--------------------|-------------------|---------------------------|
| Not Employed       | Unknown           |                           |
| Accounting         | Facilities        | Nonprofit Social Services |
| Admin/Clerical     | Finance           | Nurse                     |
| Automotive         | General Labor     | Pharmaceutical            |
| Biotech            | Government        | Professional Services     |
| Business           | Grocery           | QA- Quality Control       |
| Construction       | Health Care       | Research                  |
| Customer Services  | Hotel Hospitality | Restaurant/Food Service   |
| Design             | Human Resources   | Retail sales              |
| Dist/Shipping      | Information Tech  | Science                   |
| Education/Teaching | Journalism        | Skilled Labor Trades      |
| Engineering        | Management        | Telecommunications        |
| Executive          | Manufacturing     | Transportation            |

Previous Employer: \_\_\_\_\_

**Lifestyle Factors**

Did you take vitamins or any type of herbal supplements or remedies before you knew you were pregnant:  
 Yes     No     Refused to answer     Unknown

Please list Herbal Supplements: \_\_\_\_\_

Did you smoke at any time during this pregnancy?  
 Yes     No     Refused to answer     Unknown

How many cigarettes did you smoke per day during this pregnancy?  
 1-5     6-10     11-20     >20     Stopped when I found out I was pregnant     Unknown

Did you consume alcoholic beverages at any time during this pregnancy?

- Yes     No     Refused to answer     Unknown

How many drinks did you consume during this pregnancy?

- <1 drink/week     2-5 drinks/week     1 drink/day     >1 drink/day     Unknown

Have you used drugs or other substances for non-medical purposes in the last 12 months?

- Yes     No     Refused to answer     Unknown

If Yes, please specify: \_\_\_\_\_

**Birth Condition(s)**

ICD-X Code - Birth Condition Name:

Lab Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cytogenic Study Results:

- Normal  
 Abnormal  
 Pending

Abnormalities:

MAFP/Triple/Quad/Screen:

- Within normal limits  
 Abnormal  
 Not Done  
 Unknown

Abnormalities:

Ultrasound:

- Within normal limits
- Abnormal
- Not Done
- Unknown

Abnormalities:

Amniocentesis:

- Within normal limits
- Abnormal
- Not Done
- Unknown

Abnormalities:

Chorionic Villus Sampling (CVS):

- Within normal limits
- Abnormal
- Not Done
- Unknown

Abnormalities:

Other Testing Results:

- Within normal limits
- Abnormal
- Not Done
- Unknown

Abnormalities:

**Prenatal Health History**

Nausea/Vomiting:  Yes  No  Unknown

Cough/Cold/Fever:  Yes  No  Unknown

Asthma:  Yes  No  Unknown

Headaches:  Yes  No  Unknown

Hypertension:  Yes  No  Unknown

Seizures/Epilepsy:  Yes  No  Unknown

Thyroid Disease:  Yes  No  Unknown

Emotional/Mental Health Disorder:  Yes  No  Unknown

Threatened Abortion:  Yes  No  Unknown

Allergies:  Yes  No  Unknown Please specify: \_\_\_\_\_

Sexually Transmitted Disease(s):  Yes  No  Unknown Please specify: \_\_\_\_\_

Diabetes: Please specify:  Yes  No  Unknown Please specify: \_\_\_\_\_

Vaginitis/Urinary Tract Infection:  Yes  No  Unknown Please specify: \_\_\_\_\_

Other Infection, Exposure, Event, Illness, Drugs/Medications, or treatments during the pregnancy:

\_\_\_\_\_

List any medications taken 1-2 months pre-pregnancy. Enter None if no medications were taken:

\_\_\_\_\_

List any medications taken during pregnancy. Enter None if no medications were taken:

\_\_\_\_\_

**Pregnancy History**

Total Pregnancies:  Full Term Pregnancies:  Premature Pregnancies:

Stillborn Pregnancies:  AB-Spontaneous Pregnancies:  AB-Induced or Ectopic Pregnancies:

Living Children:

Previous Pregnancies with Birth Conditions (describe):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_