



Children's Medical Service Perinatal Data System
Birth/Demographic Record

____/____/____
 Date Completed

 Mother's Soc. Sec. No.
 (Unique Number)

 Center of
 Origin (for transfer)

Mother

 Mother's Hospital Number

 Mother's Name(last, first)

____/____/____
 DOB

 Medicaid No.

 Father's Name

 Mother's A.K.A.

 Street Address

 City

 State

 County of Residence

 Phone (Home)

 Phone (Other)

Mother's Martial Status: ____	Mother's Education (Circle One)	\$ _____	Family Adults: ____	Race	Ethnic Origin
1-Married	1 2 3 4 5 6	Family Gross	Family Children: ____	1-Black	00-American
2-Divorced	7 8 9 10 11 12	Yearly Income	Family Size: ____	2-White	20-Haitian
3-Separated	13 14 15 16- BD	UNK- Unknown	Household Size: ____	5-Asian	82-Hispanic
4-Never Married	17-BD+ 18-GD			6-Native Indian	81-Other
5-Widowed	19-Unknown			9-Other	99-Unknown
6-Living Together	20-None				
7- Unknown					

Completed by: _____

Date Entered in System ____/____/____



Children's Medical Service Perinatal Data System
Birth/Demographic Record

____/____/____
Date
Completed

Child

Child's Hosp. No. Birth

Child's Name (last, first)

____/____/____
DOB

Yes/No

Child also known as: _____

Infant _____
Readmitted
Weight (gm)
to RPICC

Sex:_____
M-Male
F-Female
A-Ambiguous

Gestational
Weeks:_____

of this
Gestation
1 2 3 4 5

Birth Order:_____

Child's Soc. Sec. No.

Code-Hospital of Birth

Child's Medicaid Number

Race: _____
1-Black
2-White
5-Asian
6-Native Indian
9-Other

Completed by: _____

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Date Entered in
System____/____/____