

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | OFFICE USE ONLY | | | | | | | | | | |
|  | |  |  |  | |  | |  |  | |  |  |
|  | |  | | | | | | | | | | |
| WA Register of Developmental Anomalies  King Edward Memorial Hospital  PO Box 134  SUBIACO WA 6904 | | | | | | | | | | | | |
| **Western Australian Register of Developmental Anomalies**  **Birth Defects Notification Card**  **CONFIDENTIAL** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Surname |  | Forenames | | |  | | | | | | | |
| Address |  | | | | | | Postcode | | |  | | |
|  | | | | | | | | | | | | |
| Mothers Details | | Fathers Details | | | | | | | | | | |
| Surname |  | Surname | | |  | | | | | | | |
| Forenames |  | Forenames | | |  | | | | | | | |
| Maiden Name |  | URN | | |  | | | | | | | |
| URN |  | DOB | | |  | | | | | | | |
| DOB |  |  | | | | | | | | | | |
| Parents aware of notification to WARDA | | Y  N | | | | | | | | | | |
| **This space has been intentionally left blank** | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | OFFICE USE ONLY | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | |  | |  | | |  | | |  | |  | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB |  | | | | | | Public Hospital URN | | |  | | | | | | | | | | | | | | | | | |
| Sex | M  F | | | | | | Live Birth  Still Birth  Other | | | | | | |  | | | | | | | | | | | | | |
| Race | Aboriginal  Non Aboriginal | | | | | | | | | Plurality | | | Single Birth  Multiple Birth | | | | | | | | | | | | | | |
| Gestation | | |  | | | | | | | Birth Weight | | | | |  | | | | | | | | | | | | |
| Hospital of birth | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| If deceased | | | | | Date of death | | | |  | |  | | | | | | | | | | | | | | | | |
| Post Mortem | | | | | Y  N | | | | If Y, where | |  | | | | | | | | | | | | | | | | |
| PLEASE LIST ALL ANOMALIES | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anomaly | | | | | | | | | | Age at Diagnosis | | | | Office Use Only | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | |  | | | |  | |  | |  | | |  |  |  | |  | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor(s) in charge of care | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Notified By | | | |  | | | | | | | | | | | Date | | | |  | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has this child been referred to any other agencies, hospitals or doctors? Please list. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Further comments | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |