Government of Northwest Territories | Gouvernement des Territoires du Nord-Ouest

# NWT CONGENITAL ANOMALIES REPORTING FORM

**MEDICAL CONFIDENTIAL**

Personal health information is being collected in accordance with the NWT's *Health Information Act* and *Public Health Act* which outlines the requirements for notifiable diseases and conditions. This information is protected by the privacy provisions of these Acts and will not be used or disclosed unless allowed or required by these Acts or any other Act. If you have questions about the collection or use of this information, please contact the Population Health Public Health Registries Unit at PublicHealthRegistries@gov.nt.ca.

## FETUS/INFANT/CHILD INFORMATION

| Surname | Given Name(s) | Date of Birth/Pregnancy Outcome |
|---|---|---|
| | | |

| Type of Birth | Name of Hospital of Birth/Pregnancy Outcome |
|---|---|
| ☐Livebirth ☐Fetus less than 20 weeks gestation<br>☐Stillbirth Elective termination: ☐Yes ☐ No | |

| Gender | Child's Healthcare Number | Attending Physician/Healthcare Provider Name: |
|---|---|---|
| ☐Female ☐Male<br>☐Unknown | ☐Not available | |

| Plurality of Birth | Physician Responsible for Ongoing Care |
|---|---|
| ☐Single<br>☐Twin ☐First ☐Second<br>☐Triplets ☐First ☐Second ☐Third | ☐Same as attending |

| Birthweight (grams) | Gestation Age (Completed Weeks) | Hospital Chart Number | Date of Death (If applicable) |
|---|---|---|---|
| | | ☐Not available | |

## Parents

| Biological Birthing Parent's Name (Surname, Given Name(s)) | | Birthing Parent's Date of Birth |
|---|---|---|
| Birthing Parent's Community of Residence | Postal Code | Birthing Parents Healthcare Number |
| Other Biological Parent (Surname, Given Names(s)) | | Other Biological Parent's Date of Birth |

## Reporting Hospital/Clinic/Agency

| Name of Facility | Location (Community) |
|---|---|
| | |

Please describe congenital anomaly(ies) and/or syndrome diagnoses in as much detail as possible. Use the back of form for additional space and confirmatory documentation if available (radiology report, consultant record, etc.)

| Completed by | Position | Date (YYYY/MM/DD) |
|---|---|---|
| | | |

| OFFICE USE ONLY | Registration Number | Birth Registration Number | Death Registration Number |
|---|---|---|---|
| | | | |

How to submit:

Secure File Transfer: PublicHealthRegistries@gov.nt.ca OR Medical Confidential Fax: 867-873-0442

Questions? Call 867-767-9066 Ext 49286 (daytime)