

Identification or Patient identity sticker

Surname

Forename(s)

Hospital No.

Identification or Patient identity sticker for **BABY**

Surname

Forename(s)

Hospital No.

Date of Discharge:

Discharged to usual Address: Yes ☐ No ☐

If No, Discharge Address:

Mother:

Postnatal Complications: Yes ☐ No ☐

If Yes, give details:

Current Smoker: Yes ☐ No ☐

Discharge Medication:

Baby:

Postnatal Complications: Yes ☐ No ☐

If Yes, give details:

Community Initial Check required: Yes ☐ No ☐

Follow-up for Baby required: Yes ☐ No ☐

Bloodspot taken: Yes ☐ No ☐ Date:

Emotional Wellbeing (please circle)

1 = Coping

2 = Tearful or tired

3 = Anxious or worried

4 = Feeling depressed

5 = Irrational thoughts / or behaviour

Any comments:

The following has been discussed and or information given prior to discharge:

TOPIC

Feeding Yes ☐ No ☐

Bed sharing Yes ☐ No ☐

Birth Registration Yes ☐ No ☐

Need for car seat Yes ☐ No ☐

Contact numbers for assistance and or advice Yes ☐ No ☐

Yellow complications sheet Yes ☐ No ☐

Red book Yes ☐ No ☐

OxMAT completed Yes ☐ No ☐

Surname: Forename: Position: Date:

(please print)

Any other information:

GP Informed: Yes ☐ No ☐

Community Midwife informed: Yes ☐ No ☐

6 week check with: Hospital ☐ Reason:

GP ☐

Private ☐

Surname: Forename: Position: Date:

(please print)

Post Natal Examination at 6 weeks

V2009

Date:	Weight:	BP:	Urine:	
Vaginal Bleeding:	Yes/No continuous/intermittent Heavy/moderate/scanty	Special follow up investigations		
Menses:	Yes ☐ No ☐			
Micturition:		Test	✓ if required	Result
Breasts:	Lactating Yes ☐ No ☐	MSU		
Abdomen:		Hb		
Perineum:	Healed/not healed	Smear		
Cervix:		Renal Ultrasound		
Uterus	A.V.R.V.	Others	Specify	
Adnexa:	Size:			
Contraception:		Referral to other departments:		
Intercourse:				
Current Medication:	Medication Changes:			

Mother and Baby: General comments

Problem List:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Signature:
 Name:
 Status: