

Postpartum Checkup

Name: _____ Date of Birth: _____ Date of Office Visit: _____

Language Spoken: _____ Interpreter Name: _____

Nursing Intake

Height: _____ Weight: _____ BMI: _____

BP: _____ Temperature: _____ Pulse: _____ Respiration: _____

Allergies: _____

Last PAP Smear date: _____ Results: _____

Birth History

G: _____ P: _____ Ab: _____ LMP: _____

Delivery Date: _____

Delivery Method: NSVD C-Section

Complications: _____

Spinal/epidural headaches: Yes No

Infant Information

Sex: Male Female Birth weight: _____

Breastfeeding Yes No Formula feeding Yes No

Delivery Hospital: _____

Complications or problems: None

Pediatrician: _____

Is mother getting enough sleep: Yes No

Birth Control

OCP BTL Depo Patch IUD Condoms Foam Other

Has mother resumed sexual activities? Yes No

Does mother feel depressed? Always Sometimes Never

Rubella Status: _____

Mother's Concerns (please document): _____

Physical Examination (check all that apply):

General appearance Well nourished and developed

Pelvic Perineum - Well healed, intact no lesions

No abuse/neglect evident

Uterus - Firm

Breast Lactating Nonlactating

Adnexa - No masses

Abdomen Soft, nontender Incision healing normal

Vagina - Intact

Skin Clear, no significant lesions

Cervix - Intact

Assessment

Plan

Stop Smoking

Advise smoker to quit

Discuss smoking cessation medication

Discuss smoking cessation strategies

Referrals

Pap

UA: _____

Hgb

Rx for folic acid .4 mg qd (if another birth anticipated)

Colposcopy

MMR to be given or rubella titer ordered with vaccine reactions, risk and follow-up explained/VIS sheet given: _____

Anticipatory Guidance (check if discussed):

Obesity, eating disorders, diets

Risk: abuse, drug use, sexual education

Breast self-exam, breastfeeding, formula feeding

Given health education material on: _____

Referral Yes No

Referral to: _____

Next appointment 1 or 2 or 3 years for physical or: _____

Signature: _____ Date: _____