

## Postpartum Checkup

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Office Visit: \_\_\_\_\_  
 Language Spoken: \_\_\_\_\_ Interpreter Name: \_\_\_\_\_

### Nursing Intake

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_  
 BP: \_\_\_\_\_ Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Hospital for Delivery: \_\_\_\_\_  
 Last PAP Smear date: \_\_\_\_\_ Results: \_\_\_\_\_

### Birth History

G: \_\_\_\_\_ P: \_\_\_\_\_ Ab: \_\_\_\_\_ LMP: \_\_\_\_\_  
 Delivery Date: \_\_\_\_\_  
 Delivery Method:  NSVD  C-Section  
 Complications: \_\_\_\_\_  None  
 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	<input type="checkbox"/> Well-nourished and developed	Pelvic	<input type="checkbox"/> Perineum – Well-healed, intact, no lesions
	<input type="checkbox"/> No abuse/neglect evident		<input type="checkbox"/> Uterus –Firm
Breast	<input type="checkbox"/> Lactating <input type="checkbox"/> Nonlactating		<input type="checkbox"/> Adnexa – No masses
Abdomen	<input type="checkbox"/> Soft, nontender <input type="checkbox"/> Incision healing normal		<input type="checkbox"/> Vagina - Intact
Skin	<input type="checkbox"/> Clear, no significant lesions		<input type="checkbox"/> Cervix - Intact

### Assessment

\_\_\_\_\_  
 \_\_\_\_\_

### Plan

\_\_\_\_\_  
 \_\_\_\_\_

### Smoking Cessation

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: \_\_\_\_\_