

POSTPARTUM VISIT

Name _____ Date _____

Date of Delivery _____ Breastfeeding _____ Bottle _____
Delivery Type: Vaginal _____ C-Section _____ BTL _____ Episiotomy: Extension _____
Complications: None _____ Bleeding _____ Infection _____ Blood Transfusion _____

Remarks: _____

Child: _____ Male _____ Female Weight: _____ lbs. _____ oz. Inches _____

Complaint(s): _____

PHYSICAL EXAMINATION

Vital Signs: BP _____ WT _____ T _____ P _____ R _____ LMP _____
Breasts: Symmetrical _____ No Masses _____ No Tenderness _____ No Redness _____
Milk Secretion: _____ Normal _____ Abnormal
Abdomen: _____ Soft _____ No Tenderness
Incision: _____ Clean _____ No Drainage _____ No Redness

Remarks: _____

PELVIC EXAMINATION

Ext. Genitalia: _____ No Lesions _____ Espisiotomy Intact
Vagina: _____ Normal Lochia Others: _____
Cervix: _____ Smooth _____ No Discharge _____ No Lesions
Uterus Fundus: _____ Firm _____ Soft _____ Normal Size/Shape
Adnexae: _____ No Masses _____ No Tenderness

Remarks: _____

DIAGNOSIS

Normal Postpartum Course _____ Family Planning _____
Desired Contraceptive _____ Treatment _____

