Birth Hospital Clinical Summary

It is very important to attend your follow-up appointments.
Bring this form with you to any follow-up appointments or hospitalizations.

Next OB Appointment:		Next Pediatric Appointment:	

Patient Name			
Date of Delivery			
Hospital		Phone Number	
OB Clinician Name		Phone Number	
Pediatrician Name		Phone Number	

Clinical Summary

Type of Birth	☐ Vaginal ☐ Cesarean Comments:	Blood Type	
		Postpartum Hemoglobin	

Diagnosis (list all)

-
-
-
-

Pregnancy Outcome			
Baby	Gestational Age (in weeks)	Birthweight	Length

Surgery	*Date*		
	Type		
Blood Transfusion	*Type of Blood Products*	☐ Red Blood Cells ☐Platelets ☐ Plasma	
	Number of units	___ Red Blood Cells ___ Platelets ___ Plasma	
Imaging Tests	☐ Yes ☐ No	*Date*	
		Type	
		Result	
Interventional Radiology	☐ Yes ☐ No	*Date*	
		Type	
		Result	
Medical Treatments			

Notes