

Maternity Ward Discharge Summary

Mother's Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Hospital Number: _____

Address: _____

Contact Number: _____

Infant's Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Gender: _____

Birth Weight: _____

Birth Length: _____

Delivery Details

Date of Admission: ____ / ____ / ____

Date of Discharge: ____ / ____ / ____

Type of Delivery: _____

Complications: _____

Blood Loss: _____

Clinical Summary

Mother's Status at Discharge

Infant's Status at Discharge

Medications / Instructions

Follow-Up Appointments

Physician's Name & Signature

Date