Maternity Ward Inpatient Discharge Summary

Patient Details

Name:

Age:

Patient ID:

Contact:

Admission Date:

Discharge Date:

Ward/Bed No.:

Obstetric Details

Gravida/Para:

EDD:

Antenatal Complications:

Delivery Information

Date & Time of Delivery:

Type of Delivery:

Indication (if LSCS):

Complications:

Mother's Condition at Discharge

Vitals Stable:

Lochia:

Wound Status:

Breastfeeding:

Other Remarks:

Newborn Details

Name / Sex	Birth Weight	Apgar Score	Complications	Feeding On Discharge

Medications on Discharge

Drug Name	Dosage	Duration	Instructions

Follow-up Advice

Mother:

Baby:

Doctor's Name:

Signature:

Date: