

Maternity Inpatient Discharge Summary

Patient Details

Name:

Hospital No:

Date of Birth:

Address:

Contact Number:

Admission Details

Date of Admission:

Date of Discharge:

Consultant:

Ward/Bed No:

Diagnosis & Reason for Admission

Labour & Delivery

Date of Delivery:

Type of Delivery:

Gestation at Delivery:

Complications (if any):

Baby Details

Baby	Sex	Birth Weight	Apgar Score	Remarks
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Treatment Summary

Mother's Discharge Condition

Mother's Discharge Medications

Advice on Discharge

Follow Up Arrangements

Person Completing Discharge Summary

Name:

Designation:

Signature:

Date:
