

Premier Women's Health

POSTPARTUM QUESTIONNAIRE

Welcome back!

Would you please fill out the following questions concerning you and your new bundle of joy.

Patient's Name: _____ Today's Date: _____

Your age: _____ Date of Birth: _____

What date did you deliver? _____

Who delivered your baby? FUOSS LABUDA SANTERINI COVATTO MCINTYRE

Circle: Boy or Girl Twins _____

Circle: Vaginal Birth C-section VBAC

Baby's Full Name: _____

Baby's Birth Weight: _____

Are you breastfeeding? Yes No

Have you had a period yet? Yes No
If yes, please list first day of period _____

Have you had intercourse yet? Yes No

Are you interested in any type of birth control? Yes No
If yes, what type? _____

Are you experiencing "postpartum blues"? Yes No

Do you have any concerns or problems you wish to discuss with the doctor?

Thank you. It has been a pleasure having you as a patient.
Good luck to your new family.
Please do not hesitate to call us if you have any questions.
Please do not write below this line

G: _____ P: _____

Date of last Pap smear? _____ Result _____

EC's Yes No Initials: _____