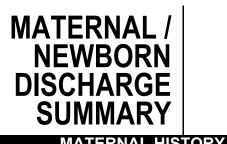
Your Hospital's Logo Here



PATIENT IDENTIFICAITON

MATERNAL HISTORY				PARA:			BLOOD TYPE:		
DELIVERY TYPE	VAGINAL:			C / BIRTH:			DATE / TIME:		
DISCHARGE	MEDICATION / DOSAGE:			RE	EASON:				
MEDICATIONS	MEDICATION / DOSAGE: REASON:								
	MEDICATION / DOSAGE: REASON:								
FOLLOW - UP APPOINTMENT	DOCTOR / CLINIC:					APPT DATE:			
SPECIAL INSTRUCTIONS									
Discharged TO	HOME WITH:					DATE / TIME:			
Discharged BY	AMBULATORY: WHEELCHAIR:					OTHER:			
Bioonal goa Bi	NEWBORN HISTORY								
	APGARS 1 MIN:	APGARS 5 MIN:		BLOOD TYPE / COOMBS:		BIRTHDAY:			
NEWBORN HISTORY	ADMIT WEIGHT:	LENGTH:	HEAD	O CIRCUM:	DISCHARGE W	EIGHT:	DISCHAR	GE DATE:	
FEEDING INSTRUCTIONS							BREAST:		
HEPATITIS B VACCINE	DOSE / TYPE:					DATE GIVEN:			
PKU SCREEN	DATE: TIME:								
SPECIAL INSTRUCTIONS									
HEARING SCREEN	COMPLETED: YES NO PASSED FAILED					APPT DATE:			
FOLLOW - UP APPOINTMENT	DOCTOR / CLINIC:					APPT DATE:			
INFANT STATUS	DISCHARGED WITH	MOTHER		c E	CAR SEAT:	☐ YES	5	□ NO	
WRITTEN INSTR		☐ YES (if "YES",	indicate	Instructions L	anguage):		GLISH	SPANISH	
	LY VERBALIZES UND					☐ YES	5		
PATIENT SIGNATURI	_:	DATE:		NUKSE SIGN	ATURE / TITLE:			DATE:	
WI	HITE - Maternal Chart	YELLOW -	Newb	orn Chart	PINK - M	other / P	hysician		
0050425 Day 05/05	PART		ME	DICAI	RECO	RD			

Maternal Newborn Discharge Summary_MIH