

Post-Partum Exam

Name:	Date of Birth:		
Date of LMP:			
Current Medications (include hormones, herbs, vitamins, nonprescription medicine)			
Name and Dosage	Name and Dosage		
1.		4.	
2.		5.	
3.		6.	
Allergies (please include all drug allergies)			
1.		3.	
2.		4.	
What is your problem today:			
Describe your problem. Location / Quality / Severity / Duration / Timing / Context / Modifying Factors / Assoc. Signs & Symptoms:			
Since Your Last Visit:			
	Yes	No	Please Describe:
Have you been diagnosed with a new medical problem since your last visit?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any surgeries since your last visit?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been diagnosed with a new allergy?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any new family history (parents, siblings, children)?	<input type="checkbox"/>	<input type="checkbox"/>	

Post-Partum Exam

Name: _____ Date: _____

Date of Delivery: _____

Type of Delivery: Vaginal or C-Section

Physician that delivered your baby: _____

Did you have an epidural? Yes or No

Did you have any complications? _____



Name of baby: _____

Sex of baby: Male or Female

Baby weight at Birth: _____

Are you breast feeding or pumping milk? Yes or No

How long are you planning to breast feed/pump? _____



Are you having any of the following problems?

Bleeding Problems Yes or No

GI Problems Yes or No

Urinary Complaints Yes or No

Pain Problems Yes or No

Mood or Depression Problems Yes or No

What birth control do you desire to use? _____



OFFICE USE ONLY

Weight _____ BP _____ Hgb _____ U/A _____

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

*This would mean: "I have felt happy most of the time" during the past week.
Please complete the other questions in the same way.*

In the past 7 days:

1. I have been able to laugh and see the funny side of things

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

2. I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

*3. I have blamed myself unnecessarily when things went wrong

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

4. I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

*5. I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

*6. Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

*8. I have felt sad or miserable

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

*9. I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

*10. The thought of harming myself has occurred to me

- Yes, quite often
- Sometimes
- Hardly ever
- Never

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

²Source: K.L. Wisner, B.L. Parry, C.M. Piontek, Postpartum Depression *N Engl J Med* vol. 347, No 3, July 18, 2002, 194-199

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