Birth Hospital Clinical Summary

**Bring this form with you to any follow-up appointments or hospitalizations.**

*It is very important to attend your follow-up appointments.*

### Next OB appointment:

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Delivery</th>
<th>Hospital</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>OB Clinician Name</td>
<td>Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrician Name</td>
<td>Phone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Summary

#### Type of Birth
- [ ] Vaginal
- [ ] Cesarean

**Comments:**

#### Blood Type
- [ ] Postpartum
- [ ] Hemoglobin

#### Complications
- [ ] Obstetric Hemorrhage
- [ ] Severe Hypertension/Preeclampsia
- [ ] Venous Thromboembolism
- [ ] Other:

<table>
<thead>
<tr>
<th>Mom</th>
<th>Pregnancy Outcome</th>
<th>Live Birth</th>
<th>Stillbirth</th>
<th>NICU</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Baby</th>
<th>GA (in weeks)</th>
<th>Birthweight</th>
<th>Length</th>
</tr>
</thead>
</table>

#### Surgery

- [ ] Date
- [ ] Type
- [ ] Organs removed

#### Blood Transfusion

- [ ] Type of Blood Products
  - [ ] Red Blood Cells
  - [ ] Platelets
  - [ ] Plasma

- [ ] Number of units
  - [ ] Red Blood Cells
  - [ ] Platelets
  - [ ] Plasma

#### Imaging Tests

- [ ] Yes
- [ ] No

- [ ] Date
- [ ] Type
- [ ] Result

#### Interventional Radiology

- [ ] Yes
- [ ] No

- [ ] Date
- [ ] Type
- [ ] Result

#### Medical Treatments

For further information, please contact the Hospital Medical Record Office to request your complete medical record.

### Medical Records

### Notes

Reference: [CMS Patient Clinical Summary Guidelines](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/Certifications-Enrollments/Patient-Clinical-Summary-Form.html)