OPQIC
OKLAHOMA PERINATAL QUALITY IMPROVEMENT COLLABORATIVE

Birth Hospital Clinical Summary

It is very important to attend your follow-up appointments.
Bring this form with you to any follow-up appointments or hospitalizations.

Next OB appointment:		Next Pediatric appointment:	

Patient Name			
Date of Delivery			
Hospital		Phone Number	
OB Clinician Name		Phone Number	
Pediatrician Name		Phone Number	

Clinical Summary

Type of Birth	☐ Vaginal ☐ Cesarean Comments:	Blood Type	
		Postpartum Hemoglobin	

Diagnosis (list all)

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Pregnancy Outcome			
Baby	Gestational Age (in weeks)	Birthweight	Length

Surgery	*Date*		
	Type		
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			

Notes

Reference: CMS Patient Clinical Summary Guidelines

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