Appendix 9 - Neonatal and Maternity Medical Report



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| **Neonatal and Maternity Medical Report- to be completed by medical team** |
| Patient Details Ward Patient name:D.O.B:Hospital Number:NHS number: |
| Antenatal HistoryDate of booking and gestation at booking:Concerns known / raised in antenatal period:Management during antenatal period: ( both medical and psychosocial factors such as professionals meetings, case conferences etc) |
| Birth Details Gestation: Mode of Delivery:Place of delivery:Condition at birth and resuscitation details:Birth weight: |
| Medical Details ( Please attach additional information as required ie: body map / Xray reports and refrain from using medical terminologyMedical issues:Treatment required:Significant investigation results:Estimated date deemed ‘medically fit for discharge’:Ongoing medical issues at discharge, if any:Medical follow-up arranged: |
| Name / Designation of person completing form: Signature: Date:  |