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 History  Date 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 terminology  Medical 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: |