

*Premier Women's Health*

**POSTPARTUM QUESTIONNAIRE**

Welcome back!

Would you please fill out the following questions concerning you and your new bundle of joy.

Patient's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What date did you deliver? \_\_\_\_\_

Who delivered your baby? FUOSS LABUDA SANTERINI COVATTO MCINTYRE

Circle: Boy or Girl      Twins \_\_\_\_\_

Circle: Vaginal Birth    C-section    VBAC

Baby's Full Name: \_\_\_\_\_

Baby's Birth Weight: \_\_\_\_\_

Are you breastfeeding?    Yes    No

Have you had a period yet?    Yes    No

If yes, please list first day of period \_\_\_\_\_

Have you had intercourse yet?    Yes    No

Are you interested in any type of birth control?    Yes    No

If yes, what type? \_\_\_\_\_

Are you experiencing "postpartum blues"?    Yes    No

Do you have any concerns or problems you wish to discuss with the doctor?

\_\_\_\_\_

Thank you. It has been a pleasure having you as a patient.

Good luck to your new family.

Please do not hesitate to call us if you have any questions.

Please do not write below this line

\_\_\_\_\_

G: \_\_\_\_\_ P: \_\_\_\_\_

Date of last Pap smear? \_\_\_\_\_ Result \_\_\_\_\_

EC's    Yes    No

Initials: \_\_\_\_\_