

# Postpartum Exam

Clinic Code: \_\_\_\_\_

Appointment	Walk-in
Arrival Time	
ALLERGIES (Up to 4):	
«a1»	
«a2»	
«a3»	
«a4»	

Chief Complaint: \_\_\_\_\_ LMP: \_\_\_\_\_

Affil / Discipline	Initials
GYN Health Maintenance	
«x15»	
«x16»	
«x17»	
«x20»	

WT	BP	T	P	RR	Pain scale	Grav	Para(Ft)	Pt	Ab	Lc	Tubal	IUD	OCP	Barrier	Depo	Norplant	NONE
Ht					0 1 2 3 4 5		GDM_Y_N										

N = Normal  
X = Abnormal  
Describe all abnormal findings below

Review of systems ___ General ___ Eyes ___ ENT ___ Resp ___ C/V ___ GI ___ GU ___ Mus/Skel ___ Neuro ___ Psych	Physical Exam ___ General ___ HEENT ___ Neck ___ Heart C/V ___ Resp ___ Abd ___ Extremities ___ Neuro ___ Skin
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Delivery Date: \_\_\_\_\_ Mode: \_\_\_ NSVD \_\_\_ Operat VD ( Vacuum/Forcep)  
 \_\_\_ Prim C/S \_\_\_ Repeat C/S

Copied  
 Entered

Breast: \_\_\_ Mass \_\_\_ Dimpling \_\_\_ Discharge

Sex: M / F    Weight: \_\_\_\_\_    Length: \_\_\_\_\_    APGAR: /

Vulva: \_\_\_\_\_  
 Vagina: \_\_\_\_\_  
 Cervix: \_\_\_\_\_

Length of Labor: \_\_\_\_\_    Augmentation? \_\_\_\_\_  
 Episiotomy? \_\_\_\_\_    Laceration? \_\_\_\_\_  
 Uterus: \_\_\_ Size \_\_\_ Tender \_\_\_ Mobile  
 Adnexa: \_\_\_ Mass \_\_\_ Tender

Complications? Antepartum: \_\_\_\_\_    Lochia: Color \_\_\_ Amount \_\_\_ Odor \_\_\_

Intrapartum: \_\_\_\_\_

Postpartum: \_\_\_\_\_

\_\_\_ Breast Feeding    \_\_\_ Bottle Feeding    \_\_\_ Both

Contraceptive Counselling? \_\_\_\_\_

No E&M Code     Modifier

A I R	Active Problems and Recent POVs	A I	Common Dx's	A I	Common Dx's	A I	Common Dx's
	«p1c» «p1»		V72.3 Annual Gyn Exam		V25.1 IUD Insertion		V74.5 STD Screen(GC,Syphil)
	«p2c» «p2»				V25.41 IUD Check/Removal		V73.88 STD Screen(Chlamydia)
	«p3c» «p3»				611.0 Mastitis		625.6 Stress Incontinence
	«p4c» «p4»				615.9 Metritis		
	«p5c» «p5»		611.72 Breast Mass		V25.41 OCP Check		599.0 Urinary Tract Infection
	«p6c» «p6»		079.98 Chlamydia				
	«p7c» «p7»		648.44 Postpartum Depression		V76.2 PAP Smear		788.31 Urge Incontinence
	«p8c» «p8»				V24.2 Postpartum Exam / Visit		
	«p9c» «p9»		622.1 Dysplasia-Cervical				
	«p10c» «p10»		633.9 Ectopic pregnancy				616.10 Vaginitis-BV
	«p11c» «p11»		V25.09 Family Planning				112.1 Vaginitis-Candida
	«p12c» «p12»						623.5 Vaginal Leukorrhea-
	«p13c» «p13»		628.9 Infertility				

A I	D	Provider Narrative

Prescriptions	Plans
	Revisit
	Referral
	Instructions / Education    Interpreter Y N    Response G F P N    Handout N Y

«patient»    Tribe: «tribe»    IHS Eligibility: «elig»    #«Chart»    «agesex»    DOB: «dob»  
 SSN: «ssn»    Community: «community»    VCN: «uid»    Provider Signature: \_\_\_\_\_

