

G. FOLLOW UP RECORD

Name:

Date:

P. No:

Clinic registration Number:

Diagnosis:

General physical examination:

Pulse:

Blood pressure:

Weight:

Current psychiatric status:

If postpartum, timing to onset of delivery:

Treatment details:

BPRS:

GAF:

CGI:

Investigations:

Fasting blood sugar:

Thyroid function test:

Ultrasound abdomen:

Others:

If not pregnant:

Current issues:

If pregnant:

Planned exposure/ Accidental exposure:

Current weeks of pregnancy:

Any medical illness during pregnancy with medication details:

Current medication (trimester wise):

If delivered or postpartum illness:

Type of delivery: Normal/LSCS/Forceps/Any other complications

Outcome of the baby: Abortion/MTP/Still Birth/ PreTerm <37 weeks/Term/ >40 weeks post term

APGAR Scores:

Neonatal Problems:

If yes, details: NICU care: yes/no

No of hours between delivery and start of intervention:

If admitted, reason for admission: Neurological/respiratory/GI

No of days of admission to NICU:

Any congenital abnormalities:

Sex of the infant: male/female

Weight of infant: At birth: Current birth:

Side effects: Mother: weight gain/EPS/sedation/other

Baby: sedation/EPS/any other

Lactation:

Exclusive breast feeding: yes/no

Breast feeding with supplements: yes/no

If not breastfed, why?

Infant details:

Immunization

Development

Behaviour problems

Contraception: considered/not considered

Method of contraception

If not, why?

Bonding with the infant: scales to be applied

Discussion notes: