

Washita Valley Community Action Council Early Head Start

205 W. Chickasha Ave. Chickasha OK
Phone: (405) 224-5831 Fax: (405) 222-4303

Postpartum Health Appraisal

Name _____ Date of Birth _____

Information below to be completed by Health Professional

Date: _____

Was patient education provided for the following?

___ breast health ___ weight loss ___ contraception ___ Postpartum depression

Concerns/Comments _____

Does this patient have Postpartum Depression, and if so was treatment prescribed?

Do you have any concerns regarding this women's health? _____

Exam Date: _____

Health Care Provider's printed name _____ Practice _____

Health Care Provider's signature _____ Date _____