

Cesarean Section Post-Operative Follow-Up Form

Patient Name

Date of Birth

Medical Record Number

Date of Cesarean Section

Date of Follow-Up

Indication for Cesarean Section

Physical Examination

Vital Signs

Wound Status

Pain Level (0-10)

Breastfeeding

Lochia Description

Urinary/Bowel Function

Psycho-Emotional Status

Medications

Follow-Up Plan / Advice

Provider Name

Signature

