

# Maternal Postpartum Home Care Assessment

## Mother's Information

Name:

Date of Birth:

Date of Visit:

Gravida/Para:

Contact Number:

Address:

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## Physical Assessment

Temperature:

Blood Pressure:

Heart Rate:

Respiratory Rate:

Fundal Height:

Lochia (Amount/Type/Odor):

Perineum/Incision Site:

Breast/Nipple Condition:

Urination:

Bowel Movements:

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## Psychosocial Assessment

Mood/Emotional State:

Support System:

Sleep/Rest:

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## Education & Counseling

Breastfeeding Counseling:

Danger Signs Explained:

Family Planning Discussed:

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## Notes / Recommendations

Assessed By:

Signature:

