



Patient Label

Name: \_\_\_\_\_

NHI: \_\_\_\_\_ or patient details \_\_\_\_\_ DOB: \_\_\_\_\_  
dd/mm/yy

Address: \_\_\_\_\_

# Mothercraft

## Mother record sheet

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnic group: \_\_\_\_\_

Partner's name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnic group: \_\_\_\_\_

Other children:  Yes  No Ages: \_\_\_\_\_

Reason for admission: \_\_\_\_\_

What would you like to achieve while in mothercraft? \_\_\_\_\_

### Antenatal / perinatal period

This pregnancy was:  Planned - Was medical assistance required to get pregnant?  Yes  No  
 Unplanned

Labour:  Spontaneous  Induced

Reason for being induced: \_\_\_\_\_

Delivery:  Normal delivery  Forceps Caesarean section:  Elective  Emergency  Ventouse

Was there complications with your health after birth: \_\_\_\_\_

### Social history

Your previous and present occupation: \_\_\_\_\_

Your partner's occupation: \_\_\_\_\_

Who is the main carer of your baby? \_\_\_\_\_

Who are the main support people for you? \_\_\_\_\_

How many living in your home: \_\_\_\_\_

Do you see a plunket nurse/well child provider regularly? \_\_\_\_\_

Do you see any other support agencies? (ie family start) \_\_\_\_\_

Have you attended the Waikato family centre:  Yes  No When: \_\_\_\_\_

Have you been referred to/seen by Maternal mental health service:  Yes  No

Who did you see? \_\_\_\_\_

Have you been referred to/seen by Lactation consultant/breastfeeding support clinic:  Yes  No

When: \_\_\_\_\_ Advice given: \_\_\_\_\_

Do you have any cultural considerations to be aware of? \_\_\_\_\_

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Mothercraft  
**Mother record sheet** - continued

**Medical history**

Cardiac condition     
  Epilepsy     
  Depression/anxiety     
  Asthma  
 Diabetes (including gestational)     
  Psychiatric illness     
  Eczema     
  Thyroid disease  
 Allergies     
  Other: \_\_\_\_\_

Comment: \_\_\_\_\_

**Any accidents or operations (including cosmetic):** \_\_\_\_\_

**Drug allergies:**  Nil known  Yes - describe: \_\_\_\_\_

**Current medications:** \_\_\_\_\_

**Past medications (ie domperidone):** \_\_\_\_\_

**Would you like advice on contraception?**  Yes  No

**Are you up to date with your smears?**  Yes  No

**Recreational drug - In pregnancy:**  Yes  No

**Now:**  Yes  No

**Alcohol - In pregnancy:**  Nil  Number of alcoholic drinks per week: \_\_\_\_\_

**Now:**  Nil  Number of alcoholic drinks per week: \_\_\_\_\_

**Partner:**  Nil  Number of alcoholic drinks per week: \_\_\_\_\_

We can offer you the support of a social worker, mental health nurse, hospital chaplain and kaiawhena.

Would you like staff to arrange an appointment?  Yes  No

If yes please state which one \_\_\_\_\_

**Consumer rights**

Posters and pamphlets which explain the Code of Health and Disability Services Consumers' Rights are available in the hallway pamphlet display bench - please feel free to take pamphlets to read.

**Students**

Waikato Hospital is a training hospital for nurses and doctors. We may ask if you are willing to talk with a student about your experience here.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/parents signature) dd/mm/yy

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
(nursing staff signature) (nursing staff printed name)