

NHS No: _____
 Name: _____
 Address: _____

 Date of Birth: _____
 CR No: _____

Affix patient label

**Haematology / Obstetric Clinic
- Follow-up appointment record**

Diagnosis:

Date:	Time:	Weight:	BP:
Urine:	Pulse:	O2 sats:	

Haematology review and plan **EDD:**

Print name: Signature:	Consultant / Thrombosis nurse:
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Obstetric review and plan

Print name: Signature:	Designation:
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affix patient label

Diagnosis:

Date:

Time:

Weight:

BP:

Urine:

Pulse:

O2 sats:

Haematology review and plan

Print name:

Signature:

Consultant / Thrombosis nurse:

Obstetric review and plan

Print name:

Signature:

Designation: