**Prenatal Visit Form**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Obstetrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital where mother will deliver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Congratulations!***

A new baby on the way is an exciting time for parents-to-be, and there are so many decisions and choices to make – including selecting a pediatrician. We hope you find this visit informative, and we encourage you to ask any questions you may have about your child’s health care. Below are some introductory questions to get us started.

1. Please check all the ways you learned about our practice.

□ Referral from friend or family member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please list full name)

□ Referral from OB or medical provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please list full name)

□ Web Search

□ Health Insurance Plan

□ Other

1. Is this your first pregnancy? □ Yes □ No
2. Have you had any complications with this pregnancy? □ Yes □ No

*If yes, please explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have other children? □ Yes □ No
2. How do you plan to feed your newborn? □ Breastfeed □ Formula □ Both □ Unsure
3. Do you plan to vaccinate your child according to the recommended schedule? □ Yes □ No □ Unsure
4. If you have a boy, do you want a circumcision? □ Yes □ No □ Unsure □ N/A
5. Is there anything else you would like us to know?

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