

pediatric Associates of Brunswick



Prenatal Consultation with
Dr. _____

Date : _____

Thank you for taking the time to visit with one of our Pediatricians. Our prenatal visits are complimentary. Please take a few minutes to help us get to know you by answering the following questions. Thank you ☺

Parent(s) Information	Parent Name :		Occupation :	
	Parent Name :		Occupation :	
	Mother's Maiden Name :		Insurance Carrier :	
	Referred by :	<input type="radio"/> Hospital	<input type="radio"/> Physician	<input type="radio"/> Friend : _____

Contact Information	Address :		
	City, State :		Zip Code :
	Home Phone :	Cell Phone :	Work Phone :

Baby Information	Estimated Due Date :	
	Hospital :	Obstetrician :
	Do you know the sex of your baby? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Don't know	
	Is this your first baby? <input type="radio"/> Yes <input type="radio"/> No (# of children _____)	
	Do you intend to breast feed? <input type="radio"/> Yes <input type="radio"/> No	
	If a boy, do you plan to have him circumcised? <input type="radio"/> Yes <input type="radio"/> No	

Pregnancy Information	Are you currently taking any medications? _____
	Have you had any problems during your pregnancy? <input type="radio"/> Yes <input type="radio"/> No Explain : _____ _____
	Do you have any concerns or questions you want to discuss, such as family medical history significant to the pregnancy or baby (e.g. genetic diseases)? _____ _____