

Prenatal Questionnaire

Congratulations on the upcoming delivery of your baby! It would be our privilege to provide guidance and medical care for your family. Please provide the following information so we can discuss this and any concerns you may have with your pregnancy.

Expected due date: _____ Hospital: _____

Are you having a boy or girl? _____ Name: _____

Do you plan to breast or bottle feed? _____

Any immunization concerns? _____

Pregnancy History

1. Number of prior pregnancies and problems with them: _____

2. Any complications with this pregnancy? _____

3. Medications Yes No _____

4. Alcohol use Yes No Tobacco use Yes No

5. Anticipated delivery Vaginal Cesarean

Demographics

1. Mother's name and any medical problems _____

2. Father's name and any medical problems _____

3. Other children with any medical problems _____

4. Mother's occupation/employer _____

5. Father's occupation/employer _____

6. Insurance plan infant will be under _____

Are there any concerns/questions with your pregnancy or the infant's health care following the delivery (ie hepatitis B vaccine, antibiotic eye ointment, etc)?
