

PRENATAL INTERVIEW FORM
(PLEASE COMPLETE AND BRING WITH YOU FOR YOUR INTERVIEW)

This information will be kept in our files for office use only. If you choose our doctors as your primary care physicians, this information will become part of your child's permanent record in our office.

MD you are seeing today _____ Today's Date _____ Estimated Delivery Date _____

Name of Insurance carrier that the baby will be added to? _____

PARENTS: _____
 Last name (please print) First Name Relationship to child

 Last name (please print) First Name Relationship to child

 Address _____

May we call you to follow up after today's visit? Yes No Phone #: _____

Where will baby be delivered? (HOSPITAL) _____ OB/GYN _____

FAMILY HISTORY

Parent	Birth Date	Ht.	Wt.	Medical Problems	Education Level

Mother: Have you had breast surgery? Yes No

Did you take hormones or medicines during pregnancy? Yes No
 (Explain) _____

Do you have an infant car seat that meets current safety standards? Yes No

Any history in baby's close relatives (grandparent, sibling, aunt, uncle) of: (please check appropriate items)

- ___ Interrupted Pregnancies ___ HIV/AIDS ___ Birth Defects ___ Kidney Disease ___ Substance Abuse
- ___ Tuberculosis ___ Diabetes ___ Chemotherapy ___ Thyroid Disease ___ Other
- ___ Allergies ___ High Cholesterol ___ Bleeding Tendencies ___ Liver Disease
- ___ Convulsions/Epilepsy ___ High Blood Pressure ___ Sudden/Unexpected Death ___ Mental or Emotional Problems
- ___ Other Heart Disease ___ Early Heart Attacks or fatality from illness ___ Cancer

Other Children? (Please list name, age and gender) _____

Doctor Notes: _____

Whom may we thank for referring you to our practice? _____

Do we have permission to use your name in our thank you correspondence? _____ Yes No