



PRENATAL VISIT

Patient's name (Baby): _____

Mother: _____ Age: _____ Employment: _____

Father: _____ Age: _____ Employment: _____

Address: _____ Home phone: _____

Obstetrician: _____ Due date: _____

Hospital: _____ Referred by: _____

Date of prenatal interview: _____

Topic we want to cover... Please circle desired topics

1. Your prepared questions:
2. How is this pregnancy going? Problems? Ultrasounds?
3. Family history of medical problems?
4. Special concerns about this baby's health?
5. What happens to the baby after s/he is born?
6. When does the pediatrician see the baby?
7. Breast/bottle feeding?
8. Circumcision?
9. What happens if the baby is very sick after birth?
10. When is the first office visit? Check-up schedule?
11. Car seat.
12. Plan to return to work after the baby is born?
13. Child care books.
14. Office routines. How to reach us at night. When/Who to call.
15. Office staff functions: telephone calls, office hours, immunizations, lab work, fee, insurance, paying bills

Notes: