

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? _____

NAME _____
 Father's Last name *(please print)* First Name Initial

_____ Mother's Last name *(please print)* First Name Initial

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

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

FAMILY HISTORY

	Birth Date	Ht.	Wt.	Medical Problems	Education Level
Father					
Mother					

Mother: Have you had breast surgery? Yes No

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

Did you drink alcohol or smoke during pregnancy? Yes No

Do you or the father have any history of vaginal group B strep, STD, etc.? Yes No

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