



PRENATAL QUESTIONNAIRE

Welcome to *Petite Pediatrics*. We look forward to caring for your child. Please provide us with information to help us get to know you.

Baby's Last Name: _____ First Name (if known): _____

Parent(s) Information

• **Parent 1** (i.e., biologic/adoptive mother or adoptive father)

Parent 2 (i.e., biologic/adoptive father or adoptive mother)

Name: _____

Name: _____

DOB: _____

DOB: _____

Occupation: _____

Occupation: _____

Phone: _____

Phone: _____

• Home Address:

Street _____

City _____ Zip Code _____

• Insurance: _____

(Please note: We are contracted with a few select insurance carriers; we will courtesy bill out-of-network plans.)

Home Environment

Parents: Married Domestic Partnership Single

Children: Yes No If yes, gender & ages: _____

Pets: Yes No If yes, type? _____

Smokers: Yes No If yes, who smokes? _____

Gun: Yes No If yes, locked away? _____

Pool: Yes No If yes, is there a fence? _____

Pregnancy/Birth Plan

Due Date: _____

Conception: Natural Reproductive Assistance (Method) _____

Obstetric Care: OB Physician _____

Midwife and/or Doula _____

Evaluations: 3D Ultrasound Amniocentesis CVS

Results: _____

Type of Delivery: Natural C-section (Indication) _____

Delivery Location: Hospital Birthing Center Home Birth

Feeding Goals: Breastfeed Formula Both

Lactation Nurse: Pre-natal Post-natal

Would you like to schedule a Lactation Consult? _____

Medications: Vitamins Iron Supplements _____

Fertility Meds _____ Other _____

Family History

Inherited Diseases (family or parent): Yes No Unknown

Biologic Mother _____ Biologic Father _____

Other Relatives (siblings, cousins, etc.) _____

General Questions

Do you have any special questions or concerns? _____

Whom may we thank for referring you to *Petite Pediatrics*? _____