



Prenatal Visit

Today's Date: _____ Due Date: _____

Parent Name: _____

Parent Name: _____

Obstetrician: _____

Hospital where mother will deliver: _____

Congratulations!

1. Please check all the ways you learned about our practice.

- Referral from friend or family member: _____ (Please list full name)
- Referral from OB or medical provider: _____ (Please list full name)
- Web Search
- Direct Mail Postcard
- Health Insurance Plan
- Radio Ad
- Print Ad
- TV Ad

2. Is this your first pregnancy? Yes No

3. Have you had any complications with this pregnancy? Yes No

If yes, please explain: _____

4. Do you have other children? Yes No

5. How do you plan to feed your newborn? Breastfeed Formula Unsure

6. Do you plan to vaccinate your child according to the recommended schedule?

- Yes No Unsure

7. If you have a boy, do you want a circumcision? Yes No Unsure

8. Is there anything else you would like us to know?

