AnMed Health

PRENATAL VISIT QUESTIONNAIRE

Pediatric Associates

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Today's date: _____ Physician you will be meeting with today: _____

Due date: _____ Obstetrician: _____

Expectant mother's name: _____

Street address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Date of birth: _____ Occupation: _____

Education: _____ Marital status: _____

Expectant father's name: _____

Street address (if different): _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Date of birth: _____ Occupation: _____

Education: _____

Names and ages of all full and half siblings of the expectant newborn, if any:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Names and relationship of all occupants of the household in which the newborn will reside:

_____

_____

_____

Please complete the back of this form as well. Thank you!

8600 11/15

Today's date: _____ Expectant mother's name: _____ DOB: _____

Please list any chronic medical conditions in the mother that has been treated in the past or is being treated actively during this pregnancy:

_____

_____

Please note any problems encountered with this pregnancy. For example: bleeding, diabetes, high blood pressure, medications taken, illness, infections, premature labor, cigarette or alcohol use, etc.

_____

_____

Were there any special problems with previous pregnancies or deliveries? For example: premature labor, miscarriage, Caesarean section, etc.

_____

_____

Were you at anytime during the pregnancy referred to the Maternal Fetal Medicine/High Risk Obstetricians from Greenville Health System? Yes No (circle one)

If yes, please explain why and attempt to bring those records with you to your prenatal appointment:

_____

_____

Please check all diseases present in either the mother's or the father's family:

□ Diabetes	□ Mental Retardation	□ Asthma/allergies
□ Tuberculosis	□ Milk allergies	□ Bleeding tendencies
□ Seizures	□ Cystic fibrosis	□ Childhood cancers
□ Migraines	□ Heart disease/stroke	

Have you or are you planning to attend Lamaze classes? Yes No (circle one)

Is the mother planning to return to work? Yes No (circle one)

If yes, when? _____

If yes, what arrangements have been made for childcare? _____

If the baby is a boy, have you decided about circumcision? Will have Will not have Undecided and have questions

Does anyone in the household smoke? Yes No (circle one)

Are there any special concerns or worries that you have at this time regarding the baby?

_____

_____