EXPECTANT PARENT QUESTIONNAIRE

Date of consultation appointment: ____/____/________

Consultation with: Dr. Laugel___ Dr. Georgalas___ Dr. Mongillo____ Dr. Rivelli___ Dr. Johnson___ Dr. Benson___

Due Date: / / __

PARENT INFORMATION

Birth Mother's Full Name: ____ D.O.B. ___/____/________
Address:____
Home Phone: (____)_____-_________ Cell Phone (____)_____-__________ Work Phone: (____)_____-___________
Occupation:______________________________ Length of Maternity Leave:______________________________

Parent #2's Full Name: ____ D.O.B. ___/____/________
Address:____
Home Phone: (____)_____-_________ Cell Phone (____)_____-__________ Work Phone: (____)_____-___________
Occupation:______________________________ Length of Maternity Leave:______________________________

Insurance Information

Name of insurance that Birth Mother is covered under:____
Is this insurance through an employer?____
Will baby be covered unter the same insurance plan?____
If no – Name of insurance plan that the baby will be covered under:________________________________
Is this insurance plan through an employer?____

Birth Plan / Pre-Natal History

Obstetrician:____ Hospital (for delivery)_______________________
Any previous pregnancies:____
Chronic Illness:____
Medications:____
Pre-Natal testing results: Blood type & Rh:_________ Rubella Screen:________ Serum AFT:_______ Glucose:________
Ultrasound results:____
Drug/Alcohol/Cigarette use:____
Any Current Problems? (Check all that apply)

Vomiting		Bleeding		Early Labor		Swelling		Hypertension	
Seizures		Diabetes		Baby's Position		Amniotic Fluid		Volume	

Family History (check if condition is present in any family member):

Anemia		Bleeding Disorder		Hypertension		Heart Disease		Stroke	
Diabetes		Thyroid Disorder		Seizure		Cystic Fibrosis		Asthma	
Cancer		Psychiatric Disease		Mental Retardation		Miscarriages		Birth Defects	

Plans for Baby

Breast or bottle feeding:____
Do you have a car seat? ____
Do you have friends/family to help you during your initial weeks at home after the baby's arrival?__________________
What have you read about newborn care?____
If applicable: Have you discussed pros/cons of circumcision?_______________________________________
Any other topics of concern: ____
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