



EXPECTANT PARENT QUESTIONNAIRE: Due Date _____

PARENT INFORMATION:

Birth Mother's Full Name: _____ **dob** _____

Address: _____

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

Occupation: _____ **Length of Maternity Leave** _____

Parent #2's Full Name: _____ **dob** _____

Address: _____

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

Occupation: _____ **Length of Leave** _____

INSURANCE INFORMATION:

Name of insurance that Birth Mother is covered under: _____

Is this insurance through your employer? _____

Name of insurance that baby will be covered under: _____

BIRTH PLAN/PRE-NATAL HISTORY:

OB/GYN: _____ **Hospital for delivery** _____

Any previous pregnancies: _____ **Chronic Illness:** _____

Medications: _____ **Ultrasound results:** _____

Pre-Natal testing results: Blood type & Rh: _____ **Rubella Screen** _____ **Serum AFT** _____

Glucose: _____ **Drug/Alcohol/Cigarette use:** _____

ANY CURRENT PROBLEMS ? (Check all that apply)

Vomiting _____ **Bleeding** _____ **Early Labor** _____ **Swelling** _____ **Hypertension** _____

Seizures _____ **Diabetes** _____ **Baby's Position** _____

FAMILY HISTORY (check if condition is present in any family member):

Anemia _____ **Bleeding Disorder** _____ **Hypertension** _____ **Heart Disease** _____ **Stroke** _____

Diabetes _____ **Thyroid Disorder** _____ **Seizure** _____ **Cystic Fibrosis** _____

Cancer _____ **Psychiatric Disease** _____ **Mental Retardation** _____ **Miscarriages** _____

Birth Defects _____ **Asthma** _____

PLANS FOR BABY:

Bottle or breastfeeding: _____

Do you have a car seat? _____

Will you have help you during your initial weeks at home after baby's arrival? _____

What have you read about newborn care? _____

If applicable, have you discussed pros/cons of circumcision? _____

Any other concerns? _____