

# Prenatal Visit



**PEDIATRIC HEALTH  
CARE ALLIANCE, P.A.**

Your Child's Medical Home™

Today's Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

Parent Name/Phone Number: \_\_\_\_\_

Parent Name/Phone Number: \_\_\_\_\_

Obstetrician: \_\_\_\_\_

Selected hospital for delivery: \_\_\_\_\_

## Congratulations!

A new baby on the way is an exciting time for parents-to-be, and there are so many decisions and choices to make - including selecting a pediatrician. We hope you find this visit informative, and we encourage you to ask any questions you may have about your child's health care. Below are some introductory questions to get us started.

### 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)

Internet Search

Print Ad (newspaper, magazine)

Facebook

Radio Ad

Direct Mail Postcard

TV Ad

Community Event: \_\_\_\_\_ (title/location)

Other: \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

