

# Prenatal Form

## *Christakis Pediatrics, PA*

**Congratulations on the newest addition to your family! We look forward to providing you and your child with quality and compassionate care. Please complete the following and return to us. This information will be protected per HIPAA and will be for office use only. Should your child become our patient, this information will become a part of his/her permanent record. Thank you!**

Date: \_\_\_\_\_ Due Date: \_\_\_\_\_ **Boy** **Girl** **Surprise**

Name of child (if known):

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

### Contact Information:

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

What town do you live in? \_\_\_\_\_ Best phone contact \_\_\_\_\_

Email: \_\_\_\_\_ Insurance: \_\_\_\_\_

### Pregnancy/Birth Plan:

OB/midwife: \_\_\_\_\_ Hospital: \_\_\_\_\_

Expected Delivery: normal C section due to \_\_\_\_\_

Expected Feeding: breastfeeding formula both

Expected duration of maternity leave if applicable: \_\_\_\_\_

Mom's Medications: prenatal vitamins other: \_\_\_\_\_

Pregnancy Complications: \_\_\_\_\_

### Family History:

Other children (names/ages): \_\_\_\_\_

Please list any family medical conditions:

Baby's Mom \_\_\_\_\_ Baby's Dad \_\_\_\_\_

Baby's Sister/Brother \_\_\_\_\_

### Home Environment:

Parents: Married Engaged Live together Single parent

Occupation: \_\_\_\_\_ (Mom) \_\_\_\_\_ (Dad)

Pets: No Yes

Smokers: No Yes Inside Outside

How did you hear about Christakis Pediatrics? Website OB Office Friend Family Other