PRENATAL CONSULTATION FORM
(Please complete and bring with you to your consultation.)

This information will be kept in our files for office use only. If you choose our doctors as your primary care physicians, this information will become part of your child(ren)’s permanent record. (Please print.)

Today’s Date: _____________________   Estimated Delivery Date: _____________________

Name: _____________________________________________________________________________________
Father’s Last Name       First Name                  Middle Initial
Name: _____________________________________________________________________________________
Mother’s Last Name       First Name                  Middle Initial

Where will your baby be delivered? _____________________________     OB / GYN ________________________
Hospital

Whom may we thank for referring you to our practice? _________________________________________________

Do we have your permission to use your name in our “thank you” correspondence?      Yes      No
(Circle one.)

Any history in baby’s close relatives (parents, grandparents, siblings, aunts or uncles) of: (please check appropriate items)

____  Allergies      ____  Early Heart Attacks        ____  Liver Disease
____  Birth Defects     ____  Fatality From Illness        ____  Mental Problems
____  Bleeding Tendencies    ____  High Blood Pressure        ____  Other Heart Disease
____  Cancer     ____  High Cholesterol         ____  Substance Abuse
____  Chemotherapy     ____  HIV / AIDS         ____  Thyroid Disease
____  Convulsions / Epilepsy    ____  Interrupted Pregnancies         ____  Tuberculosis
____  Diabetes      ____  Kidney Disease         ____  Other ____________________

Other Children? (please list name(s), age and gender):
____________________________________________________________________________________________

----- FOR OFFICE USE ONLY -----

Doctor Notes: ________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
