

Prenatal Questionnaire

1. Name

	Mother	Father	Last
Name			
Ages:	_____	_____	

2. Occupations: _____

3. Health Problems: _____

4. Marital Status: Married () Single () If married, number of years: _____
 Children: Yes () No () If yes, ages: _____

5. Due Date: _____ What type of delivery planned: Natural () C-Section ()
 Ultrasound determine sex of baby: () Boy () Girl () Unknown

6. Where do you plan to deliver? Hospital () which one? _____
 or Alternate Birthing Center

7. Who is your OB Physician: _____

8. Has your pregnancy been healthy? Yes () No () Please explain:

9. Are there any inherited or family diseases we should be aware of?

10. Smoking History: Mother: Y or N Father: Y or N Smoked while pregnant Y or N

11. Other medication/drugs during pregnancy: _____

12. We plan to: () Breastfeed () Bottle feed
 If other children - Did you breastfeed with any previous children: () Yes () No

13. We already have a car seat () Yes () No

14. Do you have any special questions or concerns?

15. Referred by: _____