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PRENATAL CONSULTATION

Welcome to our office, and congratulations on your expected baby. Please complete the information below, to help us plan and maintain our office records. Thank you.

Names _____

Address _____

Phone _____ Expected Delivery Date _____ Hospital _____

Mother's Social Security Number _____ Date of Birth _____

Father's Employer _____ Cell phone# _____

Father's Social Security Number _____ Date of Birth _____

Insurance Carrier _____ Co-pay _____

Subscriber _____ I.D. # _____ Group# _____

Address for Claims _____

Obstetrician _____ Planning to Breast Feed? _____

Pregnancy History:

Infections _____

Smoking _____

Drug or alcohol use _____

Medications _____

Other _____

Family History:

Allergies _____

Cardiac conditions _____

Diabetes _____

Bleeding disorders _____

Other _____

Will your child receive routine immunizations? _____

How did you learn of us? _____

Please be aware that co-pays are due at the time of visit. We accept cash, checks, and credit cards. Thank you.