

**Prenatal Visit**

**Welcome to Pediatric Associates of Lancaster**

Today's Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_

Father's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

First Child \_\_\_ Yes \_\_\_ No Due Date \_\_\_\_\_ OB \_\_\_\_\_

Delivering @ \_\_\_ FMC \_\_\_ Mt Carmel East \_\_\_ OSU \_\_\_ St Ann's \_\_\_ Grant \_\_\_ Riverside \_\_\_ Mt Carmel West  
\_\_\_ Other (please specify) \_\_\_\_\_

If not first child, please list children in family and their ages \_\_\_\_\_

\_\_\_\_\_

Insurance Carrier (please provide card) \_\_\_\_\_ Subscriber \_\_\_\_\_

Specific questions for the physician \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our office? \_\_\_ Referred by \_\_\_\_\_

\_\_\_ OB \_\_\_ Brochure \_\_\_ Phone book

**Office use only**

\_\_\_ Newborn brochure given to parents  
Consult w/Dr \_\_\_ Rhodes \_\_\_ Hensley \_\_\_ Robertson \_\_\_ Miller

Prenatal topics and physician notes

- \_\_\_ Boy or Girl
- \_\_\_ Feeding (Breast/Bottle)
- \_\_\_ Circumcision
- \_\_\_ Hospital visits
- \_\_\_ Well visits vs Sick visits
- \_\_\_ Appointments/MD preference
- \_\_\_ After hours coverage
- \_\_\_ Insurance coverage
- \_\_\_ Vaccine policy
- \_\_\_ Additional topics covered \_\_\_\_\_