

LA ALTURA PEDIATRICS PRENATAL VISITS

Today's Date: ___ / ___ / _____

Name of Mom: _____ **Age:** ___ **Employer:** _____

Name of Dad: _____ **Age:** ___ **Employer:** _____

Contact #: () _____ **Alt #:** () _____

Insurance Plan: _____

How did you hear about us or who referred you? _____
_____.

Due Date: _____ **Who is your OB?** _____

Boy or Girl (circle one)? Boy / Girl / Don't know

If Boy, want Circumcision? Yes / No / Undecided

Singleton / Twins / or Multiple gestations?

Where are you delivering? St Lukes / Methodist / North Central Baptist

Northeast Baptist / Methodist Stone Oak / Other

Any medical problems? _____

How many prenatal visits? _____ **Current gestational age?** _____ wks

Any family medical problems (your side or dad's side)? _____

Planning on breastfeeding? Y / N

How many pregnancies have you had? _____

Any miscarriages or abortions (#)? _____

How many children do you have? _____ **Please list names and ages:**

Please list any questions or concerns you may have regarding care of your child or about your special requests or philosophies: _____

Thank you for using La Altura Pediatrics, Helping Kids Reach Great Heights!