

Prenatal Visit

Today's Date _____

Welcome to Ogden Pediatrics! We hope you find this visit informative, and we encourage you to ask any questions you may have about your baby's health care. Please provide the following information:

Mom's Name _____, Age _____, Profession _____

Dad's Name _____, Age _____, Profession _____

How did you hear about our office? _____

Due Date _____, Hospital _____, Name of Obstetrician _____

Have you had any complications with this pregnancy? _____

How do you plan to feed your newborn? (please circle) Breastfeed Formula Unsure

Do you have other children? _____

Home safety questions:

What is the age of your home? _____, Do you have working smoke detectors? _____

Carbon Monoxide detectors? _____

Family history:

Please indicate if there is a family history of the following health conditions. Please check all that apply.

	<u>Mom's family</u>	<u>Dad's family</u>
Allergies	_____	_____
Arthritis	_____	_____
Asthma	_____	_____
ADD	_____	_____
Cancer	_____	_____
Depression	_____	_____
Diabetes	_____	_____
Heart Disease	_____	_____
Kidney Disease	_____	_____
Psychiatric Illness	_____	_____
Thyroid Disease	_____	_____
Inflammatory Disease (such as Lupus, Crohn's, JRA)	_____	_____

Please explain health conditions indicated above: _____

Is there anything else you would like us to know? _____
