

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 _____