

# NORTHWEST SUBURBAN PEDIATRICS, S.C.

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## PRENATAL VISIT

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

Due Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Obstetrician: \_\_\_\_\_

Hospital where baby will be delivered: \_\_\_\_\_

*Congratulations! With a new baby on the way there are so many decisions and choices to make - including selecting a pediatrician. We hope you find this visit informative. We encourage you to ask any questions you may have about your baby's health care.*

How did you learn about our practice? \_\_\_\_\_

Is this your first pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any complications with this pregnancy? Yes \_\_\_\_\_ No \_\_\_\_\_  
if yes please explain: \_\_\_\_\_

Do you have other children? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you plan to vaccinate your child according to the recommended schedule?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

How do you plan to feed your newborn? Formula \_\_\_\_\_ Breast \_\_\_\_\_ Unsure \_\_\_\_\_

What insurance will the baby have? \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

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