

Prenatal Questionnaire

Mother's Name: _____ Date of Birth: _____
Father's Name: _____ Date of Birth: _____
Home Address _____ Telephone #: _____

Mother's Employer: _____ Telephone #: _____
Father's Employer: _____ Telephone#: _____

Expected Due Date: _____ Vaginal/Scheduled C-Section
Hospital: _____ OB/GYN: _____

Mom & Baby's Insurance: _____
Baby's Sex, If Known: _____
Are You Planning on Circumcising? _____
Do You Plan On Breast Feeding or Bottle Feeding? _____
If Bottle Feeding, Which Type of Formula? _____

List Any Complications throughout Pregnancy (i.e. excess vomiting, high blood pressure, high blood sugar, etc.):

List Any Infections During Pregnancy:

List Any Medications Used during Pregnancy (include prenatal vitamins, OTC medications, herbal supplements, etc.):

