

Washington International Pediatrics

WELCOME!

Prenatal Questionnaire Form

Parent 1 (carrying the child)

Name: _____ DOB: _____

Primary Phone Number: _____ E-mail: _____

Profession: _____

Home Address: _____

Parent 2

Name: _____ DOB: _____

Primary Phone Number: _____ E-mail: _____

Profession: _____

Home Address (if different):

Due Date: _____ • Baby Boy • Baby Girl • Don't know ☺

Delivery Hospital: _____

Planned Delivery Method: • Vaginal • C-section Scheduled on: _____

OB/GYN (name of doctor or practice): _____

Any Pregnancy Complications? If yes, please explain:

Do you plan on breastfeeding? • Yes • No

Please specify any important family medical history or anything else you feel your physician should know:

*****Incomplete form will result in a delay to complete registration, and scheduling your 45 minute virtual*****