



Pediatric Specialist

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Pediatric Specialist Pre-Natal Interview

Date: _____

Parents' Names:

Parent 1 _____ Parent 2 _____

Parent 1 Date of Birth: _____ Parent 2 Date of Birth: _____

Address: _____

Home Phone: _____

Mobile(Parent 1): _____ Mobile(Parent 2): _____

Insurance Carrier (if any): _____

Who referred you to our practice? _____

Expected Date of Delivery: _____ Hospital: _____

Who is your Obstetrician? _____ Phone: _____

Is this your first pregnancy? _____ # children at home (ages) _____

Any miscarriages, abortions or neonatal deaths? _____

Have you had any problems with previous pregnancies? _____

Have you had any problems during this pregnancy? _____

Have you had an ultrasound? _____ How many? _____

Results: _____

Parent 1 blood type: _____ Parent 2 blood type: _____

If Rh negative, have you received Rhogam? _____

Family Medical History (e.g., asthma, heart disease, kidney disease, diabetes, blood disorders, etc.) _____

Are you planning to breast or bottle feed? _____

Will you circumcise if the baby is a boy? _____

Are you attending prenatal classes? _____

Do you have any special concerns? _____
