



600 Pointe North Blvd
Albany, GA 31721
229-903-4044 phone
229-903-4055 fax

Prenatal Visit

Today's Date: _____ Due Date: _____

Mom's Name: _____

Father's Name: _____

Hospital where mother will deliver? _____

Congratulations!

A new baby is on the way and choosing a pediatrician can be stressful. Thank you for selecting us as your baby's pediatrician. Your child will be in good hands! Please answer the introductory questions below so that we can learn more about your child's needs.

Please check how you learned about our practice.

How did you learn about our practice? _____

What type of health insurance will the patient have? _____

Is this your first pregnancy? _____ NO _____ YES

Have you had any complications with this pregnancy? If yes, please explain below.

How do you plan to feed your newborn? _____ Breastfeed _____ Formula _____ Unsure

Do you plan to vaccinate your child according to the recommended American Academy of Pediatrics?
We do require compliance. _____ NO _____ YES

Do you have other children? _____ NO _____ YES

If yes, who is their physician? _____

Is there anything else you would like us to know? _____
