

Panorama Pediatric Group
220 Linden Oaks, Suite 200
Rochester, NY 14625-2839
PRENATAL QUESTIONNAIRE

Welcome to Panorama Pediatric Group. We look forward to meeting you at your upcoming prenatal conference with Dr. _____ on _____.

*Would you help us plan for caring for you baby by answering the following questions?
Please bring this form and any questions you may have with you to your appointment.*

Mothers Name _____ Date of Birth _____
Fathers Name _____ Baby's Last Name _____

1. How did you hear about our office? _____

2. Is this your first pregnancy? yes no Due Date: _____

3. Any complications or concerns in your pregnancy:

Abnormal ultrasound Anemia Bleeding
Elevated blood pressure Protein/sugar in urine Preterm labor
Other

Maternal medical problems:

Chronic _____ During pregnancy _____

Maternal medications: _____

Do you smoke or consume alcohol/recreational drugs during this pregnancy? yes no

4. Who is your obstetrician? _____

5. At which hospital will you deliver your baby? _____

6. Do you know if your baby(s) is a boy or a girl? _____

7. Do you plan to have a circumcision if it is a boy? yes no

8. Do you plan to breast or bottle feed? breast bottle

Family History:

1. Does the baby's father or mother have any chronic health concerns? yes no

2. Does anyone else in the family have any chronic health problems? Especially any of the following:

Asthma Thyroid abnormality Learning or attention problems Allergies
Joint disease Mental illness/concerns Diabetes Cardiac disease
High blood pressure High cholesterol Early cardiovascular disease

Social History:

Do you currently live in a house/apt/townhouse/other _____

In what year was it built? _____ Is there any peeling or old paint exposed? yes no

Smokers in household? yes no

Are there any guns in your house? yes no Are there any pets in your house? yes no

Are there any smoke detectors in your house? yes no Are there any carbon monoxide detectors? yes no

Does the baby's mother currently work outside the home? yes no

If so, will she return after the baby is born? yes no

How long will she have off for maternity? _____

Is child care planned or in process? yes no

Occupations/place of employment:

Mother _____ Father _____

Is there family (mother's or father's) in the area? yes no