



We would appreciate if you could please fill out the following information so that we can begin your baby's medical care.

Date: _____ Doctor: _____

Mother's Name: _____

Father's Name: _____

Address _____ Phone _____

Who referred you to Bee Caves Pediatrics? _____

Who is your Obstetrician or Midwife? (What is the name of the practice?)

When are you due? _____

Where will you deliver? _____

Have you taken pre-natal classes? _____

Will you be breastfeeding or bottlefeeding? _____

Do you plan to vaccinate your child? _____

Are you absolutely sure you are negative for Hepatitis B? _____

Have you had any complications at all during your pregnancy? (including infections, bleeding, etc..)

Are you taking any medications? _____

If yes, please list: _____

Are you taking pre-natal vitamins? _____

How many times have you been pregnant? _____

How many children have you delivered? _____ Miscarriages? _____ Stillborn? _____

Do you or the baby's father have any medical diseases? _____

If yes, please list: _____

Is there a history of any disease in either of your families? _____ If yes, please list:
