

Prenatal Visit

Welcome to Internal Medicine & Pediatrics of Tampa Bay

Your Name: _____ Your Age: _____

Father's Name: _____ His Age: _____

Hospital you are planning to deliver at: _____

Due Date: _____ Insurance Plan : _____

Your Obstetricians Name: _____

Referred By: _____

Did you /are you having any difficulties with this pregnancy? _____

Blood sugar problems _____

High Blood Pressure _____

Premature Labor _____

Did your obstetrician say everything is okay? _____

Other _____

Is this your first pregnancy? _____

Medications _____

Problems with previous Pregnancies? _____

Do you want to breast feed or bottle feed? _____

If male infant do you want a circumcision? _____

Other children? _____

If yes, please provide their names, ages? _____

Do you have any concerns that you would like addressed during your prenatal visit?

Please List: _____

Significant family history: _____

Signature: _____ Telephone: _____

Which Dr. are you seeing today? Please Circle Bilella / Demery / Zwarych / HULL