

## 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 / Ackley