

EDGE PEDIATRICS PRENATAL QUESTIONNAIRE

Name: _____ Age: _____

Occupation: _____ Blood type: _____

FATHER / PARTNER

Name: _____ Age: _____

Occupation: _____

Blood type: _____

HOME ADDRESS

TELEPHONE NUMBERS

Home: _____

Work (mother): _____ Cell phone: _____

Work(father/partner): _____ Cellphone: _____

OTHER CHILDREN

Name: _____ Age: _____ Name: _____

Age: _____

FAMILY HISTORY (include yourselves, your parents and your siblings)

1. Food allergies
2. Pollen allergies (hay fever)
3. Asthma (reactive airway disease) 4. Congenital heart disease
5. Congenital hip dislocation
6. Other congenital defects
7. Eczema or other skin disorders
8. Jaundice in the newborn period
9. Premature infants
10. Recurrent ear infections
11. Recurrent urinary tract infections 12. Strabismus (lazy eye)
13. Sudden infant death syndrome

PREGNANCY HISTORY

Maternal Side _____

Paternal Side _____

1. Obstetrician:

2. Planned hospital for delivery: _____

3. Date baby is expected: _____

4. Childbirth classes: _____

5. Number of previous pregnancies: _____

6. Number of miscarriages or stillbirths: _____

7. Difficulties getting pregnant: _____

8. List any problems you have had during this pregnancy:

9. List any diagnostic tests (blood work, amniocentesis, CVS, sonograms, etc.) done by your obstetrician:

10. If you are planning to breastfeed, has your obstetrician checked your breasts for flat or inverted nipples?

11. Have you had any breast surgery in the past? If so, what procedure?

12. Any special concerns about this pregnancy?

DELIVERY PREFERENCES

- 1. Vaginal birth with anesthesia: _____
- 2. Vaginal birth without anesthesia (natural): _____
- 3. Planned C-Section: _____

CARE OF THE NEWBORN

- 1. Type of feeding: breast _____ formula: _____

- 2. Planned duration of breastfeeding: _____
- 3. Expected length of stay in the hospital: _____
- 4. Mother returning to work: yes _____ no _____

- 5. Plans for help at home in the first few weeks:

- 6. Do you plan to circumcise your baby? yes _____ no _____

- 7. Any special concerns or questions about the baby?

- 8. If you have other children at home, do you have concerns about sibling issues?

