



PRENATAL QUESTIONNAIRE

1. Name _____

	Mother	Father
Age:	_____	_____
Occupation:	_____	_____
Health Problems:	_____	_____
2. Marital Status: Married () Single () If married, number of years: _____
Children: Yes () No () If yes, list ages: _____
3. Due Date: _____
What type of delivery planned: Natural () C-Section ()
Ultrasound determine sex of baby: Boy () Girl () Unknown ()
4. Where do you plan to deliver?
Hospital () Which one? _____
Alternate Birthing Center ()
5. Who is your OB Physician? _____
6. Has your pregnancy been healthy? Yes () No ()
Explain: _____

7. Are there any inherited or family diseases we should be aware of? _____

8. Smoking History:
Father: Yes () No ()
Mother: Yes () No ()
Smoked while pregnant: Yes () No ()
9. Other medication/drugs during pregnancy:

10. We plan to: Breastfeed () Bottle Feed ()
If other children – did you breastfeed with any previous children: Yes () No ()
11. We already have a car seat: Yes () No ()
12. Do you have any special questions or concerns?

13. Referred by: _____