



PROSPECTIVE PARENT INFORMATION

Welcome to Northeast Pediatrics! We are delighted that you have chosen to get to know our doctors as potential caregivers for your child. We offer the Prospective Parent Interview as a courtesy so that we may get to know each other and answer any questions you may have before your baby is born. Prospective Parent Interviews lasting longer than 15 minutes may incur a bill forwarded to your insurance in order to compensate for the doctor's time. You will NOT receive a bill from Northeast Pediatrics as there is no charge to you. Thank you for spending your valuable time with us today.

Mother's Name:		Phone Number:	
Date of Birth:	SSN:	Employer:	
Father's Name:		Phone Number:	
Date of Birth:	SSN:	Employer:	

Insurance Name:
Policy Holder Name:
Date of Birth:
Member ID:
Group Number:
Effective Date:

Insurance policy baby will be covered under: _____

DELIVERY DATE INFORMATION

Expected Delivery Date _____ Scheduled C-Section? Yes No

Delivery Hospital _____ OB/GYN Doctor _____

Are you interested in having a circumcision performed? Yes No

PREGNANCY HISTORY

Prematurity (Gestational Age)	Yes	No
Toxemia/ Preeclampsia	Yes	No
Hypertension	Yes	No
Bleeding	Yes	No
Gestational Diabetes/ Diabetes	Yes	No
C-Section	Yes	No
Other Complications	Yes	No

If yes, please explain _____

CURRENT MEDICATIONS

- _____
- _____
- _____
- _____

ALLERGIES (medication, food, etc.)

- _____
- _____
- _____
- _____

FAMILY HISTORY (Please indict "M" for maternal or "P" for paternal)

Diabetes		Allergies		Tuberculosis		Muscle Disease	
Cystic Fibrosis		Obesity		Heart Disease		Mental Illness	
Thyroid		Sickle Cell		Hypertension		Death <50 years	
Asthma		Convulsions		Kidney Disease		Other:	

Please list any other questions or concerns you may have.
