



# Ivy Pediatrics

## Infant, Child, & Adolescent Medicine

[www.IvyPediatrics.com](http://www.IvyPediatrics.com)

### Prenatal Questionnaire

*First, print out this form. Fill it out. Bring it with you to our office.*

Today's Date: \_\_\_\_\_

Mother's Name \_\_\_\_\_ occupation: \_\_\_\_\_

Father's Name \_\_\_\_\_ occupation: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Due Date: \_\_\_\_\_

Week's Pregnant: \_\_\_\_\_

Name of obstetrician: \_\_\_\_\_

Hospital where the delivery is scheduled: \_\_\_\_\_

Mother's age at child's birth \_\_\_\_\_

Is this a single \_\_\_\_\_ or multiple birth pregnancy \_\_\_\_\_ (list number of fetuses)

Do you have other children? If "yes", list names and ages: \_\_\_\_\_

Have you had a miscarriage or abortion? If "yes", list dates: \_\_\_\_\_

Maternal illness during pregnancy or early labor? If "yes", list: \_\_\_\_\_

Maternal use of medications other than vitamins If "yes", list \_\_\_\_\_

What type of delivery is scheduled (check)  
\_\_\_\_\_ Vaginal \_\_\_\_\_ Caesarian

Any problems on prenatal Ultrasound? If "yes", list: \_\_\_\_\_

Maternal use of tobacco/alcohol during pregnancy? If "yes", explain: \_\_\_\_\_

List any significant chronic illnesses in the family that the parents or other children have had:

\_\_\_\_\_

Is there a smoker in the household? \_\_\_\_\_

Are you planning to breastfeed \_\_\_\_\_ or bottle-feed \_\_\_\_\_? (check)