



# Pediatric Specialist

4950 S. LeJeune Rd.  
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## Pediatric Specialist Pre-Natal Interview

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

Parents' Names:

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_

Parent 1 Date of Birth: \_\_\_\_\_ Parent 2 Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile(Parent 1): \_\_\_\_\_ Mobile(Parent 2): \_\_\_\_\_

Insurance Carrier (if any): \_\_\_\_\_

Who referred you to our practice? \_\_\_\_\_

Expected Date of Delivery: \_\_\_\_\_ Hospital: \_\_\_\_\_

Who is your Obstetrician? \_\_\_\_\_ Phone: \_\_\_\_\_

Is this your first pregnancy? \_\_\_\_\_ # children at home (ages) \_\_\_\_\_

Any miscarriages, abortions or neonatal deaths? \_\_\_\_\_

Have you had any problems with previous pregnancies? \_\_\_\_\_

Have you had any problems during this pregnancy? \_\_\_\_\_

Have you had an ultrasound? \_\_\_\_\_ How many? \_\_\_\_\_

Results: \_\_\_\_\_

Parent 1 blood type: \_\_\_\_\_ Parent 2 blood type: \_\_\_\_\_

If Rh negative, have you received Rhogam? \_\_\_\_\_

Family Medical History (e.g., asthma, heart disease, kidney disease, diabetes, blood disorders, etc.) \_\_\_\_\_

Are you planning to breast or bottle feed? \_\_\_\_\_

Will you circumcise if the baby is a boy? \_\_\_\_\_

Are you attending prenatal classes? \_\_\_\_\_

Do you have any special concerns? \_\_\_\_\_