

Welcome to your Prenatal Visit

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405 Pasadena Avenue South, St. Petersburg, FL 33707

Today's Date: _____ Baby's Due Date: _____

Parent Name: _____ Parent Name: _____

Parent Cell Number: _____ OB Name: _____

Hospital where mother will deliver: _____ Insurance Company: _____

Congratulations!

Thank you for taking the time to come in and see our office and meet our staff and Dr. Lori. We are so excited for what is to come for your growing family. Having a new baby is an exciting time for parents-to-be, and there may seem to be endless decisions and choices to be made – but all you really need is each other, a car-seat and a pediatrician who is available when you need him/her, who is as close to your home as you feel is necessary and who will answer your not-as-silly-as-you-think questions. We hope you find this visit informative and we encourage you to ask any questions you may have about your child's future health care.

1. Please check all the ways you learned about our practice:

- Referral from friend or family member: _____ (please list full name)
- Referral from OB or medical provider: _____ (please list full name)
- Web Search Health Insurance plan

2. Is this your first pregnancy? Yes No

3. Have you had any complications with this pregnancy? Yes No

If yes, please explain: _____

4. Do you have other children? Yes No

5. How do you plan to feed your newborn? Breastfeed Formula feed Combination Unsure

6. Do you plan to fully vaccinate your child according to the AAP recommended schedule?

a. Yes No Unsure

7. If you have a boy, are you planning to have him circumcised? Yes No Unsure

8. Is there anything else you would like us to know? _____