



PRENATAL VISIT

For:

Date:

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Welcome to Pediatrics @ the Basin. So we can best meet your needs, thank you for completing the following information.

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Insurance Carrier _____ Insurance #: _____

Due Date: _____ Hospital: _____ Obstetrician: _____

Is this your first pregnancy? Yes No

If no, are there other siblings? Yes No

Names & Ages _____

Any history of miscarriages? Yes No

If yes, was a cause known?

Any complications with this pregnancy? Yes No

If yes, please describe below:

Have you had a prenatal ultrasound? Yes No

Do you know if the baby is a boy or a girl?(if so, which) Yes No

If a boy, do you plan to circumcise the baby? Yes No

Do you plan to breast or bottle feed? Breast Bottle

Do you have pets at home? Yes No

Do you have smoke AND carbon monoxide detectors? Yes No

Does anyone smoke at home? Yes No

When was your home/residence built? _____.

Who will be caring for the baby? Daycare/childcare plans? _____