

**SouthPark Pediatrics, PA**  
**Susan D. Wyrick, MD, FAAP**  
**www.southparkpediatrics.net**

**Prenatal Visit Date** \_\_\_\_\_ **Due Date** \_\_\_\_\_

**Getting to know you**

Mother's name: First \_\_\_\_\_ Last \_\_\_\_\_ Occupation \_\_\_\_\_ Hometown \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone no. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Married/single \_\_\_\_\_

Father's name: First \_\_\_\_\_ Last \_\_\_\_\_ Occupation \_\_\_\_\_ Hometown \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone no. (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Your pregnancy**

**Obstetrician** \_\_\_\_\_ **Group name** \_\_\_\_\_ **Hospital of delivery** \_\_\_\_\_

**Complications of pregnancy:**

Number of pregnancies \_\_\_\_\_ Number of live births \_\_\_\_\_

Expecting? Single \_\_\_\_\_ Twins \_\_\_\_\_ Multiples \_\_\_\_\_ Maternal blood type \_\_\_\_\_

Lab screens: Group B Strep (GBS) +/- \_\_\_\_\_ Hepatitis B +/- \_\_\_\_\_ Cystic Fibrosis carrier +/- \_\_\_\_\_

Gestational diabetes Y/N \_\_\_\_\_ Diet controlled Y/N \_\_\_\_\_ Insulin dependent Y/N \_\_\_\_\_

Pregnancy induced hypertension Y/N \_\_\_\_\_ Toxemia Y/N \_\_\_\_\_

Pre-pregnancy chronic medical problems \_\_\_\_\_

Medication/drug use (prescription or over the counter) \_\_\_\_\_

Other \_\_\_\_\_

**Family Medical History:**

Genetic disorders/birth defects \_\_\_\_\_

Fetal/infant/childhood deaths \_\_\_\_\_ Mental retardation \_\_\_\_\_ Muscular dystrophy \_\_\_\_\_

Cystic fibrosis \_\_\_\_\_ Bleeding/blood problems \_\_\_\_\_ PKU/metabolic disorders \_\_\_\_\_

Congenital hip dislocation \_\_\_\_\_

**Preparing for your baby**

Classes: Prepared childbirth \_\_\_\_\_ Newborn care \_\_\_\_\_ Breastfeeding \_\_\_\_\_ Infant/child CPR \_\_\_\_\_

Do you have general questions about breastfeeding/bottle feeding? \_\_\_\_\_

Would you like information regarding lactation consultants/pump availability? \_\_\_\_\_

Do you have any questions about circumcision? \_\_\_\_\_

Car seat purchased? \_\_\_\_\_ Other ideas-Swing, vibrating bouncy seat, pack & play, monitor

**We adhere to American Academy of Pediatrics guidelines for minimum of 48 hour stay for newborns who have no health concerns. With certain medical concerns, we may recommend a longer stay. We also recommend consent to the Hepatitis B immunization in the nursery. We require our patients to comply with the AAP immunization recommendations.**

**Business:** Health insurance \_\_\_\_\_

Whom may we thank for this referral? Where did you hear about us? \_\_\_\_\_

Do you have any friends who are expecting to whom you would like us to send an informational packet?

Name \_\_\_\_\_

Address \_\_\_\_\_