

PREGNANCY CONFERENCE

Mother's name: \_\_\_\_\_ age: \_\_\_\_\_

Father's name: \_\_\_\_\_ age: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Position: \_\_\_\_\_

Will you return to work after the baby is born? YES/NO

How long will you be off? \_\_\_\_\_

Who will care for your baby after you return to work? \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Position: \_\_\_\_\_

Due date: \_\_\_\_\_ OB/GYN: \_\_\_\_\_

Do you know the sex of the baby? Don't know/ BOY/ GIRL

What name have you picked out for the baby? \_\_\_\_\_

Babies insurance: \_\_\_\_\_

Is this your first pregnancy? YES/ NO      Was this pregnancy planned? YES/ NO

Have you had any pregnancy complications? \_\_\_\_\_

Medications taken during pregnancy (including prenatal vitamins): \_\_\_\_\_

Will you breast or bottle-feed? \_\_\_\_\_

If your baby is a boy, do you want him circumcised? YES/ NO/ UNDECIDED

List the names and ages of this baby's brothers and sisters, if applicable:

\_\_\_\_\_

Diseases that run in mother's side of family: \_\_\_\_\_

\_\_\_\_\_

Diseases in father's side of family: \_\_\_\_\_

\_\_\_\_\_

Does either parent smoke? YES/ NO

Do you have a car seat? YES/ NO      Is it properly installed? YES/NO

Have you taken or do you intend to take childbirth classes? \_\_\_\_\_

Please list any other questions you have:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Today's date: \_\_\_\_\_