

**Newtown Center Pediatrics**

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**PRENATAL INTERVIEW**

DATE: \_\_\_\_\_

MO Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

FA Name: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

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

**PREGNANCY Hx**

Hospital: \_\_\_\_\_ OB Name: \_\_\_\_\_

Due Date?: \_\_\_\_\_ Number of Pregnancies / Children?: \_\_\_\_\_

Pregnancy Course: \_\_\_\_\_

Complications / Infections?: \_\_\_\_\_ Medications: \_\_\_\_\_

Grp B Strep: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Breast/Bottle Feeding?: \_\_\_\_\_ Circumcision?: \_\_\_\_\_

**FAMILY MEDICAL HX**

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergies \_\_\_\_\_ Epilepsy \_\_\_\_\_

Birth Defects \_\_\_\_\_ Mental Retard \_\_\_\_\_

Cancer \_\_\_\_\_ Psychiatric \_\_\_\_\_

Cardiac \_\_\_\_\_ TB Exposure \_\_\_\_\_

**SOCIAL HX**

Daytime Caregiver for baby \_\_\_\_\_

Who's at Home / Employment \_\_\_\_\_

Social Supports \_\_\_\_\_