



MOUNTAINLAND
PEDIATRICS

Expecting Parents and Newborn Questionnaire
(newborns 0-2 weeks)

Date _____

Parent's Name _____

Address _____

Phone (Home) _____ Phone (Work) _____

Due Date _____ **Hospital** _____

Insurance Company _____

Group # _____ ID # _____

Mother's age _____ **Blood type** _____ **Smoker** _____

Previous pregnancies? YES NO Number? _____ Previous C-Section? YES NO

Problems during pregnancy? _____

Any other health problems? _____

Allergies? _____

Occupation _____

Father's age _____ **Blood type** _____ **Smoker** _____

Health problems? _____

Allergies? _____

Occupation _____

Any siblings? YES NO How many? _____

Age and health _____

Any hereditary or serious illness in the family? _____

Do you plan to bottle feed or breast feed? _____

If a boy, do you wish circumcision? YES NO

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