

Expectant Parent Questionnaire

Parent Name _____ Date _____

Contact Phone _____ Email _____

About Your Baby

Is this your first baby? Yes No, I have ____ other children

What sex baby are you expecting? Male Female It's a surprise!

What's your due date? _____ / _____ / _____

Have you had problems with your pregnancy? Yes No If yes, explain.

Any concerns about the baby's health? Yes No If yes, explain.

About You and Your Family

Will your baby breast feed, bottle feed, or both? How long will you breast feed? Breast feed Bottle feed Both
I plan to breast feed for ____ months.

Will you circumcise? Yes No Not applicable, I'm having a girl

Do you have questions about circumcision?

Will both parents return to work? Yes, my baby will be ____ months old No

Do you have any concerns about being a new parent?

If you have other children, are you concerned how they will react to the new baby?

Expectant Parent Questionnaire



About Your Pediatrician

What are you looking for in a pediatrician?

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Do have any questions about pediatric care?

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What will be the hardest part, in the first two months?

How can your pediatrician help?

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Any other questions or concerns?