

Prenatal Questionnaire

Congratulations and welcome to the Pedicorp family! We are a group of providers who have been in private practice since 1984. All providers are Certified and have extensive experience in newborn, child and adolescent care.

Our two offices are in Windsor and West Hartford. Both are open Monday-Thursday from 9 am to 6 pm, Friday 9 am to 5pm and each office alternates Saturdays from 9 am to 4 pm. One of our providers is on call during after hours to handle emergency calls.

We are happy that you are considering Pedicorp to provide healthcare for your children. Please feel free to ask any questions you have regarding your pregnancy and the health of your child. Please complete the following form prior to your consultation with the provider.

Mother's name: _____ Age: _____ General health: _____

Father's name: _____ Age: _____ General health: _____

Home address: _____ Home phone: _____

Insurance plan: _____ Cell phone: _____

Due date: _____ Obstetrician: _____ Hospital: _____

Anticipated type of delivery: _____

Have you had any problems during your pregnancy? If yes, please explain. _____

Is this your first pregnancy? _____ if no, please list the names and ages of your other children.

Children's names: _____ Age: _____ Health: _____

_____ Age: _____ Health: _____

_____ Age: _____ Health: _____

Do you plan to breast feed or formula feed? _____

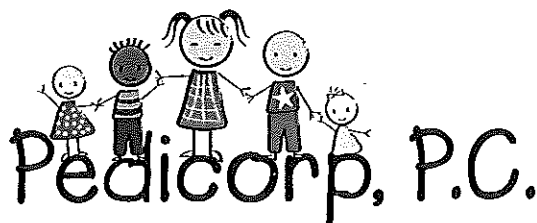
Is there any history of family health problems? If yes, please describe them briefly. _____

Will you be returning to work? _____ If yes, when? _____

How were you referred to Pedicorp? _____

At Pedicorp, our philosophy is to form a partnership with parents to maintain and promote the physical and emotional well being of children. Open communication with parents is essential in forming this alliance, and we acknowledge you for taking the first step today.

Once again, we thank you for your interest in our group, and we warmly welcome you as a new addition to the Pedicorp family.



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