



# LAKE VISTA PEDIATRICS

*An Integrative Approach*

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

## Prenatal History

Infant Last Name: \_\_\_\_\_ Due Date: \_\_\_\_\_  
 Obstetrician/Midwife: \_\_\_\_\_ HOSPITAL: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Father's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Other Parent/Participant: \_\_\_\_\_ Age: \_\_\_\_\_  
 Number of pregnancies (including present): \_\_\_\_\_ Living children: \_\_\_\_\_ Miscarriages: \_\_\_\_\_

### **Mother's Medical History**

#### A. Current Pregnancy (please circle)

Diabetes      High Blood Pressure      Preeclampsia      Excessive Weight Gain      Smoking      Bleeding      Infection/Fever

Special problems/Other: \_\_\_\_\_

Blood type/Rh: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Medication/vitamins/drugs/antibiotics/herbs/supplements taken during pregnancy and when?

Imaging during pregnancy, results, and when (including ultrasounds)?

Planned Caesarean section: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason \_\_\_\_\_

#### B. Previous Pregnancies

Year of Birth	Sex	Birth Weight	Special Problems

#### C. Past Medical History

**Mother's Past Medical History:** (Illness, Surgery, Injury, Allergies, and Hospitalizations)

**Father's Past Medical History:** (Illness, Surgery, Injury, Allergies, and Hospitalizations)

**Family Medical History:** (Anemia, Bleeding Disorders, Diabetes, Epilepsy, Miscarriages, Muscular Disease, Newborn Difficulties, Twins, etc.)

#### D. Special Birthing Considerations/Post Natal Plans (eg. Alternative Birthing Center, Anesthesia, etc.)

Feeding: Breast \_\_\_\_\_ Bottle \_\_\_\_\_ Undecided \_\_\_\_\_  
 Circumcision (if male infant): Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

#### E. Insurance Information

Company: \_\_\_\_\_ Policy ID # \_\_\_\_\_  
 Policy Holder Name: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_