



Today's Date: _____

Mom and Dad's information:

Name of Expectant Mother: _____ Age: _____

Do you have any other children? YES NO

What is your expected due date? _____

Any problems with your current pregnancy? _____

Are you currently taking any medications? YES NO

If YES, please list: _____

Name of Baby's father: _____ Age: _____

Name and relationship of labor coach: _____

Are you planning to deliver at Yavapai Regional Medical Center? YES NO

If not, where? _____

Where are you receiving your prenatal care? _____

How did you hear about Yavapai Pediatrics? _____

Baby's Information:

Are you having a: BOY GIRL DON'T KNOW

If the baby is a boy, do you plan on a circumcision? YES NO

Baby's Name: _____

Will you be: breastfeeding? or formula? or both?

Cultivating Healthy Lives!
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