

Patient Name:

DOB:

Pediatric Surgical Associates

Prenatal Questionnaire

Briefly describe why you are here today: _____

How many weeks gestation are you today? _____

When is your expected due date? _____

Gender (if known): Boy Girl Unknown

If you have a boy, do you plan to circumcise? Yes No

Date of most recent ultrasound: _____

Where did you have it done: _____

Do you have the records and images with you today? Yes No

Where do you intend to deliver? _____

Any family history of urological issues? Yes No

If yes, please explain: _____

Current medications: _____

What specific questions do you have for your provider today? _____

Perinatology Group: _____

Prenatal Physician Name: _____

OBGYN Group: _____

OBGYN Physician's Name: _____

Pediatrician for Child: _____