

B. J. Anarumo, D.O., P.A.

NEWBORN-PRENATAL CONSULTATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Obstetrician: \_\_\_\_\_ Due Date: \_\_\_\_\_

Scheduled for C-Section? No: \_\_\_\_\_ Yes: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Age \_\_\_\_\_ Blood type \_\_\_\_\_ Father's Age \_\_\_\_\_ Blood type \_\_\_\_\_

Living in Florida \_\_\_\_\_ Hospital \_\_\_\_\_ Lamaze Classes Yes \_\_\_\_\_ No \_\_\_\_\_

Feeding  
Smoking  
Drinking

Genetic  
Maternal age  
Paternal age  
Neural tube defect

Problems with pregnancy  
# of pregnancies  
# of living children  
# of miscarriages  
# of abortions

Medical/Surgical  
Surgery during pregnancy  
Seizure disorder  
Heart disease  
Chronic hypertension disorder  
Diabetes mellitus

Medications  
Vitamins

Obstetric  
Prematurity/PROM, Incompetent  
Prior Cesarean Section  
DES daughter  
Third trimester bleeding  
Abnormal labor patterns  
Fetal distress  
Multiple pregnancy  
Rh sensitization  
Preeclampsia/eclampsia

Weight gained with pregnancy

Infectious diseases  
Herpes genitalis  
Rubella  
Hepatitis  
Other

FAMILY HISTORY

Mother's Side

Father's Side

Heart problems

\_\_\_\_\_

Diabetes

\_\_\_\_\_

Hypertension

\_\_\_\_\_

Cancer

\_\_\_\_\_

Medication Allergies

\_\_\_\_\_

Seizure Disorders

\_\_\_\_\_

Other

\_\_\_\_\_

Doctor's Notes: