



Prenatal Consultation

Date _____

Welcome to Commonwealth Pediatrics! We look forward to providing the best care for your child over the years ahead. Please complete this form for our records.

Parent(s) Information:

Name (Mom): _____ (Dad): _____

DOB (Mom): _____ (Dad): _____

Employment/Occupation (Mom): _____ (Dad): _____

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

**If both parents have individual insurance policies, the state of Kentucky mandates that each plan cover the baby for the first 30 days of life. Please indicate each parent's date of birth and insurance provider so that we may determine correct coverage for these first 30 days.*

Insurance Mom: Anthem / Baptist Health / United / Aetna / Cigna / Wellcare / Other: _____

Insurance Dad: Anthem / Baptist Health / United / Aetna / Cigna / Wellcare / Other: _____

Which plan will you be adding the baby to? _____

Pregnancy / Birth Plan:

Due Date: _____ Boy Girl Surprise OB/Midwife: _____

Planned Hospital for Delivery: _____

Expected Delivery: Vaginal C-Section due to _____

Expected Feeding: Breastfeeding Bottle/Formular Both Undecided

Any other information / concerns / complications? _____

How did you hear about us? (Circle all that apply)

OBGYN

Family/Friend

Baby Fair

T.V. Ad

Website

Other: _____