



**MOUNTAINLAND  
PEDIATRICS**

**Expecting Parents and Newborn Questionnaire  
(newborns 0-2 weeks)**

Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

**Due Date** \_\_\_\_\_ **Hospital** \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_

**Mother's age** \_\_\_\_\_ **Blood type** \_\_\_\_\_ **Smoker** \_\_\_\_\_

Previous pregnancies? YES NO Number? \_\_\_\_\_ Previous C-Section? YES NO

Problems during pregnancy? \_\_\_\_\_

Any other health problems? \_\_\_\_\_

Allergies? \_\_\_\_\_

Occupation \_\_\_\_\_

**Father's age** \_\_\_\_\_ **Blood type** \_\_\_\_\_ **Smoker** \_\_\_\_\_

Health problems? \_\_\_\_\_

Allergies? \_\_\_\_\_

Occupation \_\_\_\_\_

**Any siblings?** YES NO How many? \_\_\_\_\_

Age and health \_\_\_\_\_

Any hereditary or serious illness in the family? \_\_\_\_\_

Do you plan to bottle feed or breast feed? \_\_\_\_\_

If a boy, do you wish circumcision? YES NO

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