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WELCOME EXPECTANT MOM & DAD

Mom's Name _____ Dad's Name _____
Address _____

NAME OF OB/GYN: _____ EXPECTED DUE DATE: _____

HOSPITAL FOR DELIVERY: _____

WHICH PREGNANCY (circle one): 1 2 3 4 5 6 7 8

SIBLINGS: Yes No If so, please write sex, age and health status of each
child: _____

HISTORY OF PREVIOUS PREGNANCIES (# of weeks of pregnancies, vaginal or
C-section, miscarriage, abortion, stillbirth, premature): _____

HEALTH DURING CURRENT PREGNANCY: _____

BLOOD SCREENINGS: TRIPLE SCREEN: Yes No RESULT: _____

BLOOD TYPE: Yes No RESULT: _____

HEPATITIS: Yes No RESULT: _____

HIV Yes No RESULT: _____

TESTS DONE: ULTRASOUND: Yes No RESULT: _____

GROUP B-CULTURE Yes No RESULT: _____

OTHER: _____ RESULT: _____

BREASTFEEDING _____ FORMULA FEEDING _____

MEDICATIONS (before or during pregnancy): _____

VITAMINS: Yes No Type: _____

EXPECTANT MOM'S HEALTH HISTORY: _____

EXPECTANT FATHER'S HEALTH HISTORY: _____

EXPECTANT MOM'S AGE: _____ EXPECTANT FATHER'S AGE: _____

ATTENDED ANY PRENATAL CLASSES: Yes No
WHAT KIND: _____

RETURNING TO WORK? Yes No WHEN? _____

WHOM DO WE THANK FOR THE REFERRAL? _____

LITERATURE THAT YOU HAVE READ:

QUESTIONS AND/OR CONCERNS FOR THE DOCTOR: _____

