

**PRENATAL & PEDIATRIC NEW PATIENT INTAKE FORM** (please print)

Date: \_\_\_\_\_ Planned Last Name of Child: \_\_\_\_\_

Anticipated Due Date: \_\_\_\_\_ Planned Site of Delivery: \_\_\_\_\_

How did you hear about our practice? Website

**DEMOGRAPHICS**

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance Plan / ID # and insured name and DOB: \_\_\_\_\_

**PREGNANCY HISTORY**

# of pregnancies: \_\_\_\_\_ # of deliveries: \_\_\_\_\_ # of miscarriages: \_\_\_\_\_

# of living children: \_\_\_\_\_

Mother's Age: \_\_\_\_\_ Father's Age: \_\_\_\_\_

Prenatal OB: \_\_\_\_\_ Prenatal Ultrasound Results: \_\_\_\_\_

Pregnancy Complications: \_\_\_\_\_

**FAMILY HISTORY-INCLUDE GRANDPARENTS, PARENTS, SIBLINGS**

Maternal Family Medical Issues:

Paternal Family Medical Issues:

Nutrition:  Breast  Bottle If Bottle, preferred formula:

Circumcision:  Yes  No  Undecided  N/A



**Prenatal & Pediatric New Patient Intake Form**

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NEWPORT BEACH CA 92660  
TEL. (949) 706-1212  
FAX. (949) 209-3065  
WEB. DRBAR.ORG

Child Care:  Yes  No  Undecided If yes, what are your plans:

Past Medical History: ( please type)

**EXISTING CHILDREN’S MEDICAL HISTORIES**

Name of Child:

Date of Birth:

Pregnancy Issues:

Medical Problems:

Name of Child:

Date of Birth:

Pregnancy Issues:

Medical Problems:

Current Medications:

Current Medications:

Allergies (Food, Medication, Substances):

Allergies (Food, Medication, Substances):

Hospitalizations/Surgeries:

Hospitalizations/Surgeries:

Development/Behavior Issues:

Development/Behavior Issues:

**Please list any other questions or concerns in this space.**

By typing my name in the space below, I certify that the information I have provided is complete and accurate.

Name:

Date: