



Weiss Pediatric Care

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EXPECTANT PARENT ORIENTATION

Date: _____

Welcome to Weiss Pediatric Care! We look forward to providing the best care for your child over the years ahead. Please complete this information for our records.

Parent(s) Information:

Name (mom/dad): _____

Baby's Last Name will be: _____

Address: _____

Home Phone: _____ Cell phone: _____ Email: _____

Baby's Insurance Plan: _____

Pregnancy/Birth Plan:

Due Date: _____ boy girl surprise Hospital: _____

OB/Midwife: _____

Expected Delivery: Vaginal C-Section due to _____

Mom's Medications: Prenatal vitamins other _____

Pregnancy Concerns: None _____

Family History:

Other Children (name/ages):

Please list any family medical conditions:

Baby's Mom:

Baby's Dad:

Baby's Sister(s)/Brother(s):

Baby's Grandparents:

Cousins:

What questions or concerns would you like to discuss today? (please check corresponding box/boxes)

Newborn Hospital Care Office hours/After-hours contact Vaccines/Schedules

Scheduling appointments Circumcision Family history/ Medical Conditions

Other: _____

How did you find out about Weiss Pediatric Care?
