

PREMIER PEDIATRICS
(318)767-1543

PRENATAL PATIENT DATA SHEET

DR. JOHN L. CLARK

DR. ANN BUBENZER

DR. ZULMA LARACUENTE

DR. ROBERT C. CULPEPPER

Infant's Last Name: _____ Due Date: _____

Obstetrician: _____ Hospital: _____

Mother's Name: _____
LAST FIRST MIDDLE AGE

Father's Name: _____
LAST FIRST MIDDLE AGE

Mailing Address: _____
STREET/BOX CITY STATE ZIP

Mother's Nearest Relative: _____ Relative's Telephone: _____

Father's Nearest Relative: _____ Relative's Telephone: _____

Parent/Guardian Telephone : Home: _____ Work: _____

Number of Pregnancies, including present: _____ # of living children: _____ Miscarriages: _____

Pharmacy Preferred: _____

NEWBORNS MUST BE ADDED TO INSURANCE WITHIN FIRST 30 DAYS

PRIMARY INSURANCE:

Company Name: _____ Subscriber Name: _____

Subscriber Sex: _____ Subscriber DOB: _____ Subscriber Employer: _____

Subscriber SSN: _____ How is this patient related to subscriber? _____

Policy Number: _____ Group Number: _____

SECONDARY INSURANCE:

Company Name: _____ Subscriber Name: _____

Subscriber Sex: _____ Subscriber DOB: _____ Subscriber Employer: _____

Subscriber SSN: _____ How is this patient related to subscriber? _____

Policy Number: _____ Group Number: _____

MOTHER'S MEDICAL HISTORY:

This Pregnancy

Special Problems: _____

Fever _____ High Blood Pressure _____ Rashes _____ Diabetes _____

Infections _____ Bleeding _____ Excess Weight Gain _____

Medications/drugs taken during pregnancy and when: _____

X-rays or injury during pregnancy and when: _____