



## Meet & Greet

We are thrilled that you have chosen to meet our practice to see if we are the right fit for your family. Please complete the questions below to help our Provider learn a little bit about you and your family. Thanks so much!

Parent(s) Information

Mom's name: \_\_\_\_\_ Dad's name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best contact phone: Mom \_\_\_\_\_ cell / home/work Dad \_\_\_\_\_ cell / home / work

Mom's Occupation: \_\_\_\_\_ Dad's Occupation: \_\_\_\_\_ Pets: \_\_\_\_\_

Name of child: (children – can be living with you, step, half)	1.	Age:	School:
	2.	Age:	School:
	3.	Age:	School:
	4.	Age:	School:
	5.	Age:	School:

IF PREGNANT: Is this your first child? Mom: Yes / No Dad: Yes / No Expected Due Date \_\_\_/\_\_\_/\_\_\_

OBGYN / Midwife: \_\_\_\_\_ Expected Birth Hospital: \_\_\_\_\_ How many babies? \_\_\_

Expected feeding: breast / formula / both / I don't have a clue Sex of baby: \_\_\_\_\_ Name of baby: \_\_\_\_\_

Pregnancy concerns or complications: \_\_\_\_\_

To make better use of your time, please list any specific concerns or questions that you would like to discuss today

Answers to these can be found in our New Patient Folder and / or our website	Immunization Policy / Schedule	Views on bottle/breast, circumcision, alternative medicine, antibiotics
	Office hours / location	
	Scheduling appointments	Services we provide
	Office Policies	
Would like more info on	Nutrition	Preparing siblings
	Sleep Safety	Parenting
	Tips before 1 <sup>st</sup> visit	Other:

We would love to say *Thank You* to someone who kindly referred you to our office. How did you hear about us?

Friend / Word of mouth	From whom or where:
Internet search	Search engine:
OBGYN / Healthcare Provider	Name of Provider:
Social Media	Which site:
Magazine	Which one:
Child care or School	Name of place: