NEW PATIENT INTAKE QUESTIONNAIRE

1. Are you a new parent? Yes/No (drop down)

   If No, proceed to question number 4, if yes, please answer the next couple of questions and proceed to question number 8.

2. Hospital where the baby will be born? Oswego Hospital/Crouse /St Joe's /Community/Other(dropdown)

3. Due Date Date selector

4. How many children do you have? Number selector- up to 8

5. Previous Doctor _____

6. Names Date of Birth Pertinent History/Medications

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

7. Reason for transferring:_____

8. Name of Insurance_____ Policy #_____

   Address of Insurance_____

   Subscriber Name / DOB _____/_____Effective Date_____

9. Parents'/Guardian's Name/s Address Phone Number Email

_____ _____ _____ _____

_____ _____ _____ _____

10. How did you find us? Friends/Relatives/Social Media (drop down)

ONCE REVIEWED AND APPROVED, YOU WILL BE CONTACTED AS TO THE NEXT STEP TO BECOMING A PATIENT. THANK YOU.