



Pre-Registration Form

Welcome to KidMed! To pre-register as a new patient while pregnant, please fill out the following information to the best of your ability and turn it in to our office before your due date. **In addition, please make a copy and give it to the admitting nurse at the hospital when you go in to deliver so that we are informed of your child's birth and can arrange to see him/her in the hospital.**

Mother's Name: _____ Phone #: _____

Other Parent/Guardian's Name: _____ Phone #: _____

Address: _____

City, State, Zip Code: _____

Are you willing to vaccinate according to the CDC schedule? Yes No

OB Doctor: _____ Due Date: _____

Planned Hospital for birth: _____ Planned C-Section: Yes or No

Please mark all that apply for this pregnancy:

Drug use: Yes No Frequency: _____

Alcohol use: Yes No Frequency: _____

Tobacco use: Yes No Frequency: _____

Infectious Diseases: _____

Other complications during pregnancy: _____

Insured name: _____ Date of birth: _____

Insurance Carrier: _____

Insurance ID Number: _____ Group Number: _____

(Please note: KidMed cannot accept marketplace insurance plans)

Is this your first child? Yes No

If no, are your other children patients at KidMed? Yes No

If yes, please list their information:

Child Name: _____ DOB: _____

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