## **Uptown Pediatrics**

## Pre-Birth Meet and Greet Visit

Congratulations and thank you for considering our practice as your family's medical home. We are excited to join you on your journey and look forward to getting to know you better.

loday's Date:		
Desired Pediatrician:		
Expecting Parent Info:		
Parent 1		DOB
Any medical problems? (li	st)	
Parent 2		DOB
Phone	Email	
Any medical problems? (li	st)	
Address		
Delivery Info:		
_		
Hospital where baby will b	e delivered	
Expected date of delivery_		
Postnatal:		
Feeding Plan		
Circumcision Plan		
Childcare Plan		
How did you learn about	Uptown Pediatrics?	
Insurance:		
Name of insurance baby v	vill be covered under:	
(note: Most health plans a	llow 30 days to enroll yo	ur newborn, but we strongly recommend that you contact
your insurance plan or the	policy holder's Human	Resources department to enroll your newborn within the first
few days of your baby being	ng born.)	

There is a \$50 fee for pre-birth meet and greets. If you choose to join the practice, this fee will be refunded to your account after your first visit.