

PARENT INTERVIEW
GTKY

DATE: _____

PARENT'S NAME: _____

CHILD'S NAME (IF KNOWN) _____

REFERRED BY: _____ HEALTH INS: _____

OBSTETRICIAN: _____

HOSPITAL: _____ DUE DATE: _____

PREGNANCY INFORMATION: _____

FAMILY HISTORY: _____

FEEDING PREFERENCE: _____

IMMUNIZATION DISCUSSION: _____

OFFICE POLICIES: _____

CAR SEAT: _____

SAFETY: _____

CIRCUMCISION: _____

OTHER QUESTIONS/COMMENTS: _____

DISPOSITION: APPROVED: _____ WB___ BRO___ HAN___

REFERRED TO: _____

PHYSICIAN: _____