

**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: \_\_\_\_\_

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IMMUNIZATION DISCUSSION: \_\_\_\_\_

OFFICE POLICIES: \_\_\_\_\_

CAR SEAT: \_\_\_\_\_

SAFETY: \_\_\_\_\_

CIRCUMCISION: \_\_\_\_\_

OTHER QUESTIONS/COMMENTS: \_\_\_\_\_

\_\_\_\_\_

DISPOSITION: APPROVED: \_\_\_\_\_ WB\_\_\_ BRO\_\_\_ HAN\_\_\_

REFERRED TO: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_