

# PEDIATRICIAN CONSULTATION

**DOCTOR NAME:**

**PHONE/ADDRESS:**

## GENERAL QUESTIONS

How long have you been in practice?

Solo or group practice? \_\_\_\_\_

What's your hospital affiliation? \_\_\_\_\_

Do you have children? \_\_\_\_\_

What is your health philosophy? \_\_\_\_\_

VACCINES, ANTIBIOTICS, SLEEP TRAINING,  
MENTAL HEALTH, ETC. \_\_\_\_\_

Do you have any specialties? \_\_\_\_\_

## OFFICE QUESTIONS

How quickly can child be seen when sick?

Office hours? After hours protocol? \_\_\_\_\_

How can I ask non-emergency Qs outside appointments? \_\_\_\_\_

Methods of contact? \_\_\_\_\_

Separate sick/well visit entrances? \_\_\_\_\_

ARE THEY SHARING A WAITING ROOM?  
ARE THEY SEEN IN SAME ROOMS? \_\_\_\_\_

Where are labs completed? \_\_\_\_\_

## MISC. QUESTIONS

Recommended parenting books?

Do you prescribe for whole family when one is contagious? \_\_\_\_\_

Experience with special needs kids? \_\_\_\_\_

Protocol is specialist is needed? \_\_\_\_\_

Discuss any current diagnoses or family  
diagnoses relevant to longterm care \_\_\_\_\_

## NEWBORN QUESTIONS

Will you see my child in hospital/birthing center?

Thoughts on breast or bottle feeding? \_\_\_\_\_

Newborn schedule for checkups? \_\_\_\_\_

