



Client Name **Date of Service**

Home Phone Cell Phone Email Address

Address

City State. ZIP Code

DOB Estimated Due Date/# of Weeks Pregnant

Doctor's Name Doctor's Phone Number

Are you pregnant with multiple babies? Yes No If yes, How many? _____

Do you know the gender of the baby/babies? Girl Boy Unknown Please keep it a secret

Any known complications or concerns with this pregnancy? (briefly explain):

Do you have any of the following: Gestational Diabetes Hypertension History of Eclampsia

Date of Last Ultrasound: _____ **Any Abnormal Findings?** Yes No

If yes, please describe any abnormal findings:

How did you hear about us:

- Facebook Family/Friends Doctor thebump.com Google
 baynet.com Flyer/postcard Other (describe) _____

I verify that the above information is true to the best of my knowledge. I understand that I am having an elective ultrasound performed for entertainment purposes only. I realize that this ultrasound does not take the place of a diagnostic medical ultrasound. I also attest that I am under the care of a physician, nurse midwife or other licensed health care practitioner. I am aware that many factors influence the quality of ultrasound images, and that while the staff of All About Baby will do everything possible to produce quality ultrasound pictures of baby, certain factors are outside our control and that a rescan may be necessary. A gender ultrasound rescan will be 10 minutes in length at no charge. If we can't see your baby's face during a 3D/4D session, you will be given an account credit for half the price of your original session, which we will apply to your next appointment if you wish to come back.

Print Name **Signature**

Client Intake Form