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Prenatal Visit

Carrie Wijesinghe MD Lillie Hidaji MD Rema Merhi DO

Congratulations and thanks for choosing Siena Pediatrics to discuss your childcare needs! Please fill out the following information below:

Mother's Name: _____

Father's Name: _____

Due Date: _____

Obstetrician: _____

Complications during Pregnancy: _____

Hospital of Choice: _____

Plan on vaccinating your child? YES NO

Have you had your TDaP Vaccine? YES NO

How did you hear about us? _____

Insurance your child will have? _____