General Information Doctor Name: _____ Are you board certified? □Yes □No Is my insurance accepted? Clinic Phone Number: ☐ Yes ☐ No Clinic Address: Office Hours: **Pediatrician Interview Questions** How long have you been practicing pediatrics? Will you meet my baby at the hospital after delivery? What is your philosophy of care regarding: Breastfeeding and bottle feeding? Circumcision? _____ • Getting babies to sleep? _____ Parenting techniques? _____ Antibiotics? ♥ Immunizations? ______ Nutrition and childhood obesity? Other: Will you discuss my child's general growth and issues like social development and discipline? What is your schedule for well-checks? How far in advance do well-checks need to be scheduled? Do you offer evening or weekend appointments? Who will I speak with if I have questions after clinic hours?

Do you offer same-day sick appointments? _____

What pediatric specialties are available?

Who are the pediatricians who will care for my child if you are not available?

