

Client Intake Information

Mother's Name: _____ DOB: _____

Partner's Name: _____ DOB: _____

Relationship to Mother: _____ Email: _____

Street Address: _____

City, State, Zip: _____ Home Phone: _____

Mother's Occupation: _____ Mother's Cell: _____

Partner's Occupation: _____ Partner's Cell: _____

Emergency Contact: _____ Phone: _____

Pregnancy Information

Due date: _____ Was this pregnancy planned? _____ No. of prev. pregnancies: _____

Number of children: _____ Ages: _____ Sex: _____ Childcare plan: _____

Complications with any previous pregnancies? _____

Complications with this pregnancy? _____

Previous procedures on cervix: _____ Bloodborn Pathogens: _____

Name of careprovider: _____ Type of careprovider: _____

Planned Birth Location: _____

Preparation courses taken: _____

Labor and Birth Plan Information

Who do you plan on having at the birth? What are their roles? _____

Where do you identify yourself on the Pain Med. Preference Scale? _____

What has helped you cope with pain in the past? _____

How do you plan on coping with the pain of labor and birth? _____

If choosing and unmedicated birth, how do you want me to respond if you ask for or are offered medication? _____

How do you envision working together (Mom and Partner) during the labor? _____

What are your thoughts and feelings about the use of medical interventions in your labor (ie. induction, pain medications, augmentation, assisted delivery, episiotomy)? _____

How do you envision the time immediately after your baby's birth? _____

If a cesarean birth becomes indicated, what measures could be taken to make it a satisfying experience for you? _____

What are your plans for feeding your baby? _____

What kind of support do you have arranged for your postpartum recovery? _____

What are your plans regarding photographs/videos? _____

Fears/Concerns: _____

Is there anything else specific to your situation that you'd like me to know/discuss? _____
