

Thank you for taking the time to provide this information. Please use additional pieces of paper if necessary, and attach them to this form.

Name: _____ Date: _____

Address: _____

PHONES: Home: _____ Cell: _____

Work: _____ Email: _____

Birth date: _____ Age: _____ Profession/past profession: _____

Please tick one or more of the following, are you:

PREPARING FOR PREGNANCY _____ ALREADY PREGNANT _____
INTERESTED IN LEARNING MORE ABOUT PRENATAL BONDING _____

Is this your first child? YES _____ NO _____

Have you ever lost a child to miscarriage, abortion, stillbirth, or death? Yes _____ No _____
If yes, please explain circumstances and dates and how this affects you today:

How did you experience your pregnancy/ies with your previous child/ren?

How many weeks pregnant are you, and how are you experiencing your pregnancy?

Do you have a life partner involved with you at this time? Yes _____ If No, _____ Please explain:

If yes, is your partner the parent of your other children?

NAME: _____

Were your children conceived naturally, through reproductive technology, or with the help of fertility drugs/treatment?

What kind of birthing experience/s did you have?

How are you experiencing your pregnancy with this child?

What are your hopes and desires for your upcoming birth?

Do you have any medical conditions that would exclude you from physical activity in a session? Yes _____ No _____ Please explain:

Height _____ Weight _____

Do you have any areas of your body that need special consideration?

Are you presently taking any medications or drugs? (name of medication, for what condition):

Are you presently using any recreational drugs, alcohol or nicotine? (amount per day/week):

What psychological or bodywork training have you had?

NAME _____

What kinds of psychological or bodywork therapy have you experienced, and for what period of time?

Are you in therapy or having regular bodywork? If yes, with whom? _____

Does this person have pre and peri-natal facilitation skills? Yes _____ No _____

List other physicians or health care practitioners you are being treated by:

List any other support you have?

Please check what you know or think applies to your birth history:

- _____ an unmedicated vaginal birth in a hospital
- _____ an unmedicated vaginal birth at home
- _____ an anesthesia birth
- _____ c-section
- _____ a multiple birth
- _____ other birth complications, please explain:
- _____ I had a twin that did not live. At what point in the pregnancy or postnatal time did the twin leave? _____
- _____ I was premature. How many weeks? _____
- _____ I was in Neonatal Intensive Care Unit, Please state how long? _____
- _____ I was incubated. How long? _____
- _____ with fetal heart monitor
- _____ with cranial suction
- _____ with forceps
- _____ breech

Where was your father during the birth?

Were you separated from your mother at birth? (sent to nursery)?

Were you breast fed? _____ if yes, how long? _____

Men, were you circumcised as an infant? _____

NAME _____

Please tell me about any interventions shortly after your birth such as hospitalization for illness or jaundice, operations, illnesses as an infant or child.

Did either or both of your parents lose another child to miscarriage, abortion, stillbirth, or childhood death? If yes, are you aware of how this affected you. Give dates and circumstances:

Who raised you? Were your parents your natural parents? Where you raised by a single parent? If your parents split up, how old were you? Did you have other major primary care givers like grandparents, aunts, uncles, guardians or adoptive parents?

Do you or did you have siblings? Indicate ages relative to you, nature of relationship as children:

Please tell me any other information you know concerning your conception, your parents' attitude toward having you (planned, unplanned, wanted, confused, unwanted). If unwanted, did they consider or attempt abortion?

What do you know about your life in the womb, including physical effects (maternal or paternal smoking, drinking, drugs, mom's diet), and emotional effects including absence or presence of father during pregnancy or birth, parent's relationship with each other during your pregnancy, siblings' attitude toward your birth. If you are adopted, give

NAME _____

information about transition in hospital and new family, as well as any birth history known:

Have you ever been or are you in an abusive relationship? Yes ____ No ____
If yes, please state when, what relation the person was or is to you, whether the abuse was or is physical, sexual or emotional. If a past relationship, what action did you take? If present, what are you doing about it? Please give details:

Have you, or anyone in your family of origin, been diagnosed with mental health issues, e.g. bipolar, schizophrenia, depression, etc? Yes ____ No ____ If yes, please explain:

Have you or anyone in your family taken prescribed medications for mental health issues? Yes ____ No ____ If yes, please explain:

Have you ever been hospitalized for mental health reasons? Yes ____ No ____
If yes, please describe the circumstances and outcomes with dates:

Has anyone in your family ever attempted or committed suicide? Yes ____ No ____

Have you ever contemplated or attempted suicide? Yes ____ No ____
If yes, please describe the circumstances with dates:

Signature: _____ Date _____