

CLIENT NAME		DATE OF BIRTH	ESTIMATED DUE DATE	
HOME PHONE	CELL PHONE		OTHER	
EMAIL		OCCUPATION		
HOME ADDRESS				
NAMES AND AGES OF CHILDREN, TYPE OF BIRTH				
WHO WILL BE INVITED TO BE AT YOUR BIRTH?				
PARTNER NAME		DATE OF BIRTH	RELATIONSHIP	
HOME PHONE	CELL PHONE		OTHER	
EMAIL		OCCUPATION		
HOME ADDRESS (IF DIFFERENT)				
PHYSICIAN/MIDWIFE NAME		MALE/FEMALE	PLANNED BIRTH SITE/HOSPITAL	
CHILDBIRTH CLASS:	LOCATION/PROVIDER			
YES NO				
FIRST PREGNANCY:	BREASTFEEDING CLASS:		OTHER CLASSES?	
YES NO	YES NO			
ANY CURRENT PREGNANCY COMPLICATIONS/RISK CONDITIONS? PROVIDE DETAILS/TEST RESULTS/MANAGEMENT				
PREVIOUS PREGNANCIES:	MISCARRIAGES	VAGINAL BIRTHS	CESAREANS	VBACS
YES NO				
HAVE YOU HAD ANY PROCEDURES INVOLVING YOUR CERVIX (LEEP, D&C, ETC.)? THIS MAY AFFECT THE PROGRESS OF YOUR DILATION IN LABOR.				
WHAT ARE YOUR MOST IMPORTANT DESIRES FOR THIS BIRTH? HOW DO YOU ENVISION IT?				
ARE YOU INTERESTED IN HAVING EMOTIONAL SUPPORT THAT IS CHRISTIAN-ORIENTED, SUCH AS THE USE OF PRAYER, WORSHIP MUSIC AND BIBLE VERSES FOR ENCOURAGEMENT? (THIS IS OPTIONAL.)				
WHAT WOULD YOU LIKE FOR ME TO KNOW ABOUT THIS PREGNANCY, YOUR PERSONAL SITUATION AND/OR YOUR CHILDBIRTH EXPECTATIONS AND HOPES?				