## Client Intake Form

Client Name: Client Birth date:
Name of Partner (if you have one)
Address:
Preferred Phone Number: Calls, texts or emails preferred?
This is baby # Do you have a history of miscarriage or stillbirth?
Have you received fertility treatments? YES NO
If YES, for how long? Have you ever had a C-section? YES NO
If yes, for what reason(s)?
Who is your care provider? Midwife OB GP
Name(s) of care provider(s)
Where do you plan to have your baby? (home, hospital, birth center)?
What is the name of the hospital/birth center?
Do you have any prenatal complications with this pregnancy?: YESNO
If yes, check all that apply:
Group B Strep Preeclampsia Gest. Diabetes IUGR Mult. Pregnancy Preterm Labor STI (please specify) Other (please specify)
Do you have any other medical conditions I should be aware of, including allergies to essential oils or honey?  YES NOIf yes, please specify:

## **Privacy Policy:**

All of your personal information will be kept private and will never be shared with anyone and will be used solely to help me best support you. It is your responsibility to share any and all relevant medical information with your healthcare provider.

What are your feelings about labor and delivery?
What is your biggest fear about labor and delivery?
If you could labor and deliver your baby anywhere in the world and in any setting, not having to worry about the safety of you and your baby where would your fantasy birth take place?
What kinds of sounds and smells are comforting to you?
When you are in pain what types of personal comforts do you like to use? Eg. A quiet room, dim lighting, heat, cold, words of affirmation, etc.
What phrases help you feel powerful? Either when spoken to you or when you say them to yourself?
Where do you usually hold tension in your body?
How would you most like to be supported during labour?
Anything you would like to add?