

Mindfulness-Based Childbirth and Parenting

Partner Intake Form

(All information on this form is confidential.)

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Age: _____ Occupation: _____

Partner's Name: _____ Relationship: _____

How long have you been together? _____ Was this a planned pregnancy? _____

Any difficulties conceiving? _____ Please describe.

Have you ever been present at a birth (other than your own)? _____ Please describe.

Do you currently have any health problems? _____ Please describe.

Are you currently taking any medication(s)? _____ What kind(s)?

Have you ever been hospitalized or had any surgery? _____ Please describe.

Are you currently seeing a psychotherapist? _____ If yes, how often? _____

Have you had any previous experiences with meditation or yoga? _____ Please describe.

Do you currently do any form of exercise? _____ What kind and how often?

Have you made any plans for help after the baby is born? _____ Please describe.

What are your work plans after the birth?

What gives you the most pleasure in your life right now?

What is most stressful in your life right now and how do you usually cope with it?

Do you have any particular hopes or fears regarding your partner's pregnancy or childbirth or for the two of you caring for a newborn?

What are you hoping to learn from this course?

How did you hear about the Mindfulness-Based Childbirth and Parenting program?

Thank you for filling out this form.