

Mindfulness-Based Childbirth and Parenting (MBCP)

Pregnancy Intake Form

(All information on this form is confidential.)

Today's Date: _____

Name: _____ Due Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Age: _____ Occupation: _____

Person(s) sharing pregnancy with you (if any):

Name: _____ Relationship: _____

Age: _____ Occupation: _____

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

Any difficulties conceiving? ____ Please describe.

Are you having or have you had any pregnancy-related medical concerns during this pregnancy (e.g. bleeding, preterm labor, hypertension, gestational diabetes)? _____ Please describe.

Did you have any health issues before you became pregnant? _____ Please describe.

During your pregnancy, have you experienced or are you currently experiencing anything particularly stressful (e.g. moving, remodeling your home, a job change, relationship difficulties, family illness)? Please describe.

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

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

Are you currently seeing a psychotherapist? _____

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 given birth to a baby before this pregnancy? _____ Please describe.

Date(s): _____ # of weeks as delivery: _____ Hrs in labor: _____ Type of delivery: _____

Place: _____ Baby's weight: _____ Name: _____

Have you had any miscarriages? _____ Date(s): _____

Have you had any difficulties during any of your previous pregnancies, childbirths, or postpartum experiences (including breastfeeding)? Please describe.

What are your intentions regarding breastfeeding?

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

If you are currently working or in school, what are your plans after the baby is born?

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?

Please describe any specific hopes or fears regarding your pregnancy, childbirth, or parenting.

How did you hear about the MBCP course?

Care provider's name: _____

Intended Birthplace: _____

Thank you for filling out this form.