Confluence Birth Works, LLC
478-993-7191

Client Profile

Mother's Name: _____

Partner's Name: _____

Address: _____

Home Phone:_____

Mom's Mobile: _____ Partner's Mobile: _____

E-mail Address: _____

Emergency Contact: _____

Home Phone: _____ Mobile Phone: _____

Occupation:
Mom: _____ Work Phone: _____

Partner: _____ Work Phone: _____

Expected Due Date: _____

Has your caregiver changed your Due Date? No Yes If Yes, Why?

Do you know the baby's gender? Boy Girl It will be a surprise!

OB/Midwife: _____ Phone: _____

Caregiver's Practice Name and Address: _____

Hospital/Birth Center: _____

Phone: _____

Other providers you see (ie: Chiropractor, Acupuncturist, Homeopath, Massage Therapists, etc):

_____

Baby's Pediatrician: _____

Mom's Age and Date of Birth: _____

Total number of pregnancies: _____ Total number of live births: _____

Children's names and ages: _____

_____

Do you have any allergies, sensitivities or diet restrictions?_____

_____

Medications you are taking (including prenatal vitamins): _____

_____

Exercise type and frequency? _____

Mom – do you smoke? Y N Dad – do you smoke? Y N

Currently receiving care for any medical condition (not pregnancy!) or a contagious diseases?

_____

Do you have any specific neck, back or pelvis issues? _____

_____

What physical traumas/accidents have you experienced, in your lifetime that you can remember? (falls, car accidents, thrown by horse, broken tailbone, etc.) _____

_____

If you have had a major trauma, was it addressed at the time of the incident? _____

Have you ever had any procedures done to your cervix? _____

Previous pregnancy complications/discomforts and treatment sought:_____

_____

Current pregnancy complications/discomforts and treatment sought: _____

_____

Prenatal Screenings? (Ultrasounds, Amniocentecis, CVS, RH Titers, Genetic Testing, Other)

_____

Results of Group Beta Strep (GBS) test? _____

Results of Blood Glucose Screen? _____

Classes Attended (or going to attend by the time baby is born):

Class	**Location or Instructor**
Childbirth Classes - What Type?	
Breastfeeding Workshop:	
Prenatal Yoga:	
Other Prenatal Exercise Class:	
Parenting Class:	
Newborn Care:	
Infant CPR:	
Happiest Baby on the Block:	

What pregnancy and childbirth books have you read? _____

_____

_____

Besides you and your partner, who will be present at the birth? _____

_____

Do you plan to write your list of birth preferences? Y N

Do you need assistance with your list of birth preferences? Y N

Do you plan to breastfeed your baby? Y N

List any questions or concerns about breastfeeding: _____

_____

Would you like meeting information about La Leche League? Y N

Would you like more information about "Baby Wearing" and the use of a baby sling? Y N

Are you planning on returning to work? If YES, when? N Y _____