



MOON CENTER FOR  
PERINATAL SUPPORT

## Client Intake Form

Birth Person Name / Pronouns \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Partner Name / Pronouns \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Current children and ages \_\_\_\_\_

Estimated Due Date \_\_\_\_\_ Planned Birth Location \_\_\_\_\_

Physician / Midwife \_\_\_\_\_ Phone \_\_\_\_\_

*Please answer the following questions to the extent you're comfortable. Your responses help me better support you, but they do not imply or involve medical care.*

Previous pregnancies (year) \_\_\_\_\_

Previous pregnancy health history (e.g. gestational diabetes, Preeclampsia/PIH, preterm labor, precipitous birth, Cesarean birth, postpartum mood disorder, etc.)

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Current health concerns (general and pregnancy related)

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What has your experience with this pregnancy been like so far? What are the areas you need additional information or assistance?

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What are 3 words or short phrases to describe how you want to feel after your baby's birth?

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Tell me about your vision for this birth.

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What are your concerns or fears about birth?

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How do you handle stress and fatigue? What usually helps?

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Who do you want present for the birth? How do you think they best support you?

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How does your partner or other support people handle stress and fatigue? What usually helps them?

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How do you like to receive information and make decisions? Do you like full descriptions or prefer just the most relevant points? Do you make decisions quickly or prefer to take your time considering options?

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How do you plan to feed your baby? (chestfeeding, pumping, formula, etc.)

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What are your biggest concerns about after the baby arrives?

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What kind of support will you have after the baby is born?

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Is there anything else you'd like me to know as we begin our work together?

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