



Please answer each question to the best of your ability. Feel free to omit any information you wish not to share with me. Collecting this information helps me to provide you with the best possible support. I commit to keeping your personal information confidential.

Personal & Contact Info

Name(s): _____

Pronouns: _____ Clients Birth Date: _____ Due date: _____

Address: _____

Email Address: _____ Phone Number: _____

Partners Phone Number: _____ Calls, texts or emails preferred? _____

Emergency Contact Name _____ Relationship: _____

Phone Number: _____ Alt. Phone Number: _____

About Your Pregnancy

This is a ☐ **Singleton** ☐ **Twin** ☐ **Triplet** pregnancy.

This is baby # _____ Do you have a history of miscarriage or stillbirth? ☐ **YES** ☐ **NO**

Have you received fertility treatments? ☐ **YES** ☐ **NO**

If YES, which ones and for how long?

Have you ever had a C-section? ☐ **YES** ☐ **NO**

If yes, for what reason(s) and how long ago?

Who is your care provider? ☐ Midwife ☐ OB (obstetrician) ☐ GP (general practitioner)

Name(s) of healthcare provider(s): _____

Important Medical Information

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?: YES ☐ NO ☐

If yes, check all that apply:

Group B Strep ☐ Preeclampsia ☐ Gest. Diabetes ☐ IUGR ☐ Multips Pregnancy ☐

History of 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 ☐ NO ☐

If yes, please specify:

Do you currently see any of the following practitioners: YES ☐ NO ☐

Chiropractor ☐ Pelvic Floor Therapist ☐ Physiotherapist ☐ Acupuncturist ☐ Aroma Therapist ☐

Dietician/Nutritionist ☐ Naturopath ☐ Psychologist ☐ Psychiatrist ☐ Other (please specify): ☐

If yes, for what reasons?:



Please answer as honestly as you feel comfortable

What are your feelings about labour and delivery?

What is your biggest fear about labor and delivery?

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?

Thank you for taking the time to fill out these forms!