

Prenatal Intake Sheet

Date _____

About You

Name _____ DOB _____

Occupation _____ Place of Work _____

Work Phone _____ Email _____

Partner _____ DOB _____

Occupation _____ Place of Work _____

Work Phone _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Plan of care for children during labor _____

People you will have attend your birth _____

Referred you? _____

About Care Providers

Care Provider _____

Type of Practice _____ Phone _____

Place of Birth _____ Phone _____

Childbirth Classes _____ With Whom _____

Breastfeeding Classes _____ With Whom _____

Other Classes _____

Other Health Care Providers You See _____

Health History

General Health _____

Pregnancy Health _____

Special Concerns _____

Allergies (drugs, food, latex) _____

Routine Meds including OTC _____

Drink/Smoke/Drugs _____ Quantity/Frequency _____

Exercise/Frequency _____

Medical History Check any applicable:

Anemia Asthma Anorexia/Bulimia Bladder/Kidney Infections
 Bleeding Disorders Cancer Diabetes Epilepsy
 Fibroids Heart Disease Hepatitis Herpes HIV Hypoglycemia
 Hyper/Hypotension STD's TB Thyroid Disorders Ulcers
 Varicosities Vaginal Infections

Your Pregnancy

Pre-pregnancy PMS _____ Pain/Cramping _____
Coping techniques _____
Planned Pregnancy _____ Feelings Now _____
Difficulty Conceiving _____ Special technology used _____
Pregnancies _____ Miscarriage _____ Live Births _____

Prior Pregnancies:

Date	#Week	Sex	Weight	Name/Outcome	Labor length	Meds, Intv, Compl.

Have you breastfed before? Problems? _____

Had an ultrasound? _____ How many _____ Results _____

Other prenatal screening _____

Group B Strep? _____ Gestational Diabetes _____

About Your Birth

What is your vision for this birth

What are your expectations of your doula?

What is your plan for coping with the pain of labor?

How do you feel about medical procedures/intervention in birth?

How would you like your doula to respond if you are requesting pain medications?

Do you have a birth plan? _____ Signed by caregiver? _____

Anything else I should know to support you?

Are there any cultural/religious choices/preferences that may affect your birth?
