

## New Life Birth Services

EDD

first		middle		maiden		last		age	date of birth		date
street address/P.O.Box				city		state	zip code		county	precinct number	
email				home phone			cell phone			city limits?	
race	state/country born	education	occupation			type of business or industry			ss# for baby?		
social security number				Emergency name and number				referred by:			

## Father's Full Name

first		middle		last		age	date of birth		Work number		
race	state/country Born	education	occupation			type of business/industry			Cell number		
social security number				father's address if different from mother				Method of payment CASH    INSURANCE    OTHER			

Are you married? \_\_\_\_\_ living together? \_\_\_\_\_ How long? \_\_\_\_\_ Other \_\_\_\_\_

Do you have step children? \_\_\_\_\_ How many? \_\_\_\_\_ Do they live with you? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_ How do you exercise? \_\_\_\_\_

What do you do for fun/relaxation? \_\_\_\_\_

Do you have pets inside your home? \_\_\_\_\_ What kind? \_\_\_\_\_ Who cares for them? \_\_\_\_\_

Are you working outside the home? \_\_\_\_\_ Type of work? \_\_\_\_\_

Number of hours each week? \_\_\_\_\_ How long will you continue working while pregnant? \_\_\_\_\_

Will you return to work after the baby is born? \_\_\_\_\_ How soon? \_\_\_\_\_ Full or part-time? \_\_\_\_\_

Religion? \_\_\_\_\_

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Your reasons for choosing a midwife/homebirth: \_\_\_\_\_

How do your family and friends feel about this decision? \_\_\_\_\_

What books have you read on childbirth, nutrition, exercise or breastfeeding? \_\_\_\_\_

Do you plan to take childbirth classes? \_\_\_\_\_ What childbirth classes have you previously taken? \_\_\_\_\_

What did you most enjoy about your previous labor and delivery? \_\_\_\_\_

Was there anything you did not like? \_\_\_\_\_

Have you ever been physically, emotionally, verbally or sexually abused? \_\_\_\_\_

Have you received professional counseling? \_\_\_\_\_ When and why? \_\_\_\_\_

Have you received other prenatal care during this pregnancy? \_\_\_\_\_ # of visits \_\_\_\_\_ To obtain these records, provide the name, address, phone number, and fax number of previous healthcare provider \_\_\_\_\_