

BEBA Parent Intake Form, Date _____

Name: _____ licenses and degrees (eg R.N., R.T., L.Ac) _____

Birthdate: _____ Age _____

Profession [or past profession(s) for full time moms]

• Some of the session activities involve physical exertion. Do you have any medical conditions that would contraindicate involvement in any activity? Yes _____ No _____ If yes, please explain.

• Height _____. Weight _____. Do you have any area of your body that needs special consideration?

• Are you presently taking any medications or drugs? (name of medication, for what condition)

• Are you presently using any recreational drugs, alcohol or nicotine? (amount per day / week)

What psychological or bodywork training have you had?

What kinds of psychological or bodywork therapy have you experienced and for what period of time?

• Are you in therapy or have regular bodywork? Yes ____ No ____ If yes with whom? _____
Does this person have pre and peri-natal facilitation skills? Yes _____. No _____.

• List other physicians or health care practitioners you are being treated by.

Please check what you know or think applies to your birth history. My birth was:
 an unmedicated vaginal birth in a hospital with cranial suction
 an unmedicated vaginal birth at home with fetal heart monitor
 an anesthesia birth c-section
 with forceps breech
 other birth complications, please explain. a multiple birth

Please check what you know or think applies to your prenatal and birth history.
 I had a twin that did not live. At what point in the pregnancy or post natal time did the twin leave?
 I was premature. How many weeks?
 I was in a Neonatal Intensive Care Unit. Please state how long.
 I was incubated. How long?

Where was you father during your birth?
Were you separated from you mother at birth (sent to a nursery)?

Were you breast fed? If yes, how long?
Men, were you circumcised as an infant? .

Please note any interventions shortly after birth such as hospitalization for illness or high jaundice, operations, illnesses as an infant or a child.

Did either or both of your parents lose another child to miscarriage, abortion, stillbirth, or childhood death? If yes, are you aware of how this affected you. Give dates and circumstances.

Who raised you? Were your parents your natural parents? Where you raised by a single parent? If your parents split up, how old were you? Did you have other major primary care givers like grandparents, aunt and uncles, guardians or adoptive parents?

Do you or did you have siblings? Indicate ages relative to you, nature of relationship as children.

Name _____

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Please relate any other information you know concerning your conception, your parents' attitude toward having you (planned, unplanned, wanted, confused, unwanted). If unwanted, did they consider or attempt abortion?

What do you know about your life in the womb including physical effects (maternal or paternal smoking, drinking, drugs, mom's diet), and emotional effects including absence or presence of father during pregnancy or birth, parents relationship with each other during your pregnancy, siblings' attitude toward your birth. If you are adopted, give information about transition in hospital and new family as well as any birth history known.

Have you ever lost a child to miscarriage, abortion, stillbirth or death? Yes___No___. If yes, please explain circumstances and dates and how this affects you today.

Have you ever been or are you in an abusive relationship? Yes____. No____. If yes, please state when, what relation the person was or is to you, whether the abuse was or is physical, sexual and or emotional. If a past relationship, what action did you take? If present, what are you doing about it. Please give details.

Have you ever been prescribed medications for mental health reason? Yes____No____. If yes, please describe the circumstances and outcomes with dates.

Have you ever been hospitalized for mental health reasons? Yes____No____. If yes, please describe the circumstances and outcomes with dates.

Has anyone in your family ever attempted or committed suicide? Yes____No____ Have you ever contemplated or attempted suicide? Yes____No____. If yes, please describe the circumstances with dates.

Signature:_____Date:_____ p4