

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? _____

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 _____