

Mary Jackson, LM, RN, RCST
947 Casitas Vista Road
Ventura, Ca. 93001
Ph: +1(805) 649-3063 Fax: +1(805) 664-1885
Please return via email to mjmidwife@gmail.com
Or by fax at +1(805) 664-1885

CHILD INTAKE FORM

Today's Date:

Child's Full Name:	Birth/due date:	Age:
Mother's Full Name:	Birth date:	Age:
Father's Full Name:	Birth date:	Age:

Parents Are: Married _____ Unmarried _____ Live together _____ Live separately _____

Family Contact Information (or mother's if parents live separately)

Street address:

City,State:

Zip:

Home phone:

Work phone:

Mobile phone:

Fax:

Email:

Website:

Skype name:

Father's Contact Information (only if different from mother's info)

Street address:

City,State:

Zip:

Home phone:

Work phone:

Mobile phone:

Fax:

Email:

Website:

Skype name:

Who referred you to us?

Current physical, developmental, or academic challenges for child:

Current emotional/relationship challenges for child:

Primary concerns of parents, intention in coming for sessions:

Conception

Was baby planned?

Wanted?

Conception: Normal _____ In-vitro _____ Insemination ____ Other _____

If any stress occurred around ability to, or intention conceive or not, please describe:

If known, was the baby conceived while either parent was using alcohol or drugs?

Discovery

Mom and dad's attitude toward baby upon discovering pregnancy:

If baby was not wanted, was abortion considered by either parent? Attempted? If yes, give circumstances including timing during the pregnancy.

Pregnancy

Mom's health (or health challenges & medications taken), and diet and exercise during pregnancy and attitude toward developing child.

Dad's attitude toward developing child and support (or lack of support) of mom:

Nature of support system in larger community and attitude of these people toward pregnancy (e.g. parents, friends, etc.)

Nature of parents' relationship with each other and as parents to be:

Did either parent smoke or use recreational drugs? If yes, who and how much?

How often do parents drink alcohol? How often did mom drink and how much at a time during pregnancy?

Describe any stresses during pregnancy (e.g., illness or death of friend, parent; strained relationship between mom and dad; absence of dad; depression, lack of support from family or friends, financial worries, major moves, etc.)

Did either parent lose a child to miscarriage, abortion, or early death prior to this pregnancy? ____ If yes, please give circumstances and dates, age of fetus or child at time of loss. How did this affect this pregnancy?

Birth

Birth location: Midwife or OB's name:

Father's role at the birth:

Other support people at labor or birth:

Drugs used during pregnancy or labor (for prolonging pregnancy, for inducing, for anesthesia, epidurals): Give reason for use.

Labor/Birth interventions: Induction? Forceps? Vacuum extraction? C-Section? [Planned or emergency and why?] Please describe your experience.

Episiotomy? Tear?

Birth Weight: APGAR Scores:

Other birth complications:

First Hour/Day(s) After Birth

Where was your baby the first hour after birth? (With mom? Had nursing started? Separated for washing, measuring, testing, intubation? If separated, how long?)

First day, was baby with mom or dad most of the time? If not, describe where and why

NICU? If yes, please state how long, reason for NICU, and procedures used.

Postpartum

Did you/are you nursing? For how long? Any difficulties or complications?

Describe support (or lack of) you had first few months after birth.

Describe nature of father's relationship to child & mom during first weeks, years.

Postpartum, childhood health complications, illnesses for baby or mom including postpartum depression:

If boy, was he circumcised? If yes, any complications?

Vaccinated? If yes, any complications?

Other Relationships

Siblings: Please list ages, names and nature of relationships. Include children from prior relationships.

Please list other caregivers important to the child during first year or present time: