

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

ADULT INTAKE FORM

Today's Date:

Name:

Licenses and degrees:

Birth date:

Age:

Height:

Weight:

Street address:

City:

Zip:

Home phone:

Work phone:

Mobile phone:

Fax:

Email:

Website:

Skype name:

Family/Relationships (Married, partnered, children, grandchildren)

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

If you are a body therapist, psychotherapist, health care practitioner or student of these, please indicate the nature of your practice or extent of training. (Types of therapy, clients per week.

1. INFORMATION REGARDING THIS SESSION/WORKSHOP:

If this is your first session/workshop, who referred you to this work?

What aspect of your early and/or present life would you like to explore?

Some of the session activities may involve physical exertion. Do you have any medical conditions that would contraindicate involvement in any activity? If yes, please explain

Do you have any area of your body that needs special consideration?

Are you presently taking any medications or drugs?
(Please list name of medication, and for what condition you are taking it).

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

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

Are you in therapy or have regular bodywork? If yes, with whom?

Does this person have pre- and perinatal facilitation skills? If you do not have access to follow up body-centered therapy, what do you plan to do to support yourself after this workshop?

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

2. ABOUT YOUR OWN BIRTH:

Please check what you know or think applies to your birth history:

- an un-medicated vaginal birth in a hospital
- an un-medicated vaginal birth at home
- an un-medicated vaginal birth in a birth center
- a medicated birth
- induced labor
- an anesthesia birth
- with forceps
- with suction extractor
- with fetal heart monitor
- c-section with labor
- planned c-section and reason

- _____ a non labor C-section
- _____ breech
- _____ a multiple birth (twin, triplet, etc)
- _____ other birth complications, please explain

Please check what you know or think applies to your prenatal and birth history.

- _____ I was premature. How many weeks?
- _____ I was in a Neonatal Intensive Care Unit. How long?
- _____ I was incubated. How long?
- _____ I had a twin that did not live. When in the pregnancy or after did the twin leave?

Where was your father during your birth?

Were you separated from you mother at birth (sent to a nursery)?

Were you breast-fed? If yes, how long?

For 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 biological parents? Were 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? List relative ages & nature of relationships as children.

3. INFORMATION ABOUT YOUR PARENTS AROUND THE TIME YOU WERE CONCEIVED AND GESTATED:

What was your parents' attitude toward having you (planned, unplanned, wanted, confused, unwanted)? If unwanted, did they consider or attempt abortion? Were your parents using drugs or alcohol at the time of conception? How old were your parents when they conceived you?

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.

4. ABOUT YOUR LIFE:

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

Have you ever been or are you in an abusive relationship?
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?
If yes, please describe the circumstances and outcomes with dates.

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

Has anyone in your family ever attempted or committed suicide? Yes _____ No _____
If yes, please describe your relationship to them and the circumstances with dates.

Have you ever contemplated or attempted suicide? Yes _____ No _____
If yes please describe the circumstances with dates.

PLEASE INITIAL THE FOLLOWING:

_____ I take responsibility for my well-being during and after the session/workshop.

_____ I agree to abstain from any use of alcohol and recreational drugs prior to and for the duration of the session/workshop.

_____ I understand that all the information shared in this session/workshop is confidential.

_____ For workshop participants only: I understand that the time for the ending of each day is unknown and agree to stay for the whole workshop.

_____ For workshop participants only: I am in good physical, mental and emotional health and am able to participate in the scheduled activities of the workshop.

Signature:

Date: