

Intake Form



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Date

CLIENT INFORMATION

Full Name

Phone Number

Address

Email Address

City

State / Province

Preferred Pronouns

ZIP / Postal Code

Phone

Estimated Due Date

PARTNER INFORMATION

Full Name

Phone Number

Preferred Pronouns

Email Address

EMERGENCY CONTACT

Full Name

Phone Number

Relationship

Email Address

Birth Details



Planned Birthing Location

Healthcare Provider (HCP)

Birthing Location Address

Have you taken a tour of your birthing location?

City

State / Province

ZIP / Postal Code

Phone

Who will be attending your birth (partner, parent, photographer, etc.)?

PREGNANCY HISTORY

Previous Pregnancies

Previous Births

Child(ren) Name(s) and Age(s)

Any Previous Complications?

CURRENT PREGNANCY

Have you been diagnosed with any of the following medical conditions during this pregnancy?
Check all that apply or Write (Y) for 'Yes' and (N) for 'No'

Pre-eclampsia

Heartburn

Anemia

Gestational Diabetes

Severe Insomnia

Hyperemesis Gravidarum

Group B Strep

Back, sciatic, or pubic pain

Placenta Previa

Anxiety

Headaches

Vena Cava Compression

Depression

Pica

Other:

Rh Incompatibility

Gestational High Blood Pressure

All About You



MEDICAL HISTORY

Allergies (food and/or medications)

Diagnosed Health / Medical Conditions

Current Medications, Vitamins, and Supplements (please include herbs and essential oils if applicable)

OVERALL WELLBEING

How has your sleep been during pregnancy?

Have you been able to prioritize regular physical activity during this pregnancy? If so, please describe type and frequency.

Please describe your emotional prenatal experience so far.

Services



Please indicate which topics you would like to discuss. Check all that apply.

- How to prepare physically for childbirth
- How to create a Birth Plan
- Early labor signs / Stages of labor
- Water labor / birth options
- When to transfer to birthing location (if not planning a home birth)
- Natural pain management strategies
- Breathing / Lamaze Techniques
- Effective positions to progress labor
- Common medical interventions while in labor
- Effective positions for the push phase of labor
- Assisted vaginal delivery techniques
- Cesarean Section delivery indications and process as well as C-Section recovery
- Common medical interventions immediately post-birth
- Newborn interventions
- Postpartum support planning / expectations
- Postpartum healing stages
- Preparing for breastfeeding / infant feeding
- Information on postpartum mood disorders
- Postpartum nutritional needs
- Baby wearing techniques
- Infant soothing techniques
- Gentle newborn sleep support
- Herbal remedies for postpartum healing
- Other (please indicate below any additional topics you would like to discuss)

Birth Preparation



Have you made a birth plan? (If no, this is something we can create together)

Have you had any regular wellness appointments (for example, physiotherapy, naturopathic health, chiropractor, acupuncturist)?

Have you shared your birth preferences with your healthcare provider (midwife or OBGYN)?

Have you and your healthcare provider discussed protocols if you go past your estimated due date?

Have you read any books to prepare for labor, childbirth, breastfeeding, etc.? If so, please indicate which books

Have you shared your birth preferences with your healthcare provider (midwife or OBGYN)?

Have attended any prenatal or childbirth education classes? If so, please indicate which one(s)

Have you packed your labor & delivery bag yet? If no, we can do this together

Please describe what you have been doing to prepare yourself, both physically and emotionally, for your birth (for example, stretching, meditation, physical activity, birth affirmations, etc.)

Expectations



What do you anticipate will be your greatest challenge? (during pregnancy, birth, or postpartum)

What do you anticipate will be your greatest strength? (during pregnancy, birth, or postpartum)

What are your fears or concerns regarding pregnancy, birth, or postpartum?

What do you find comforting? (what type of environment, music, meditation, etc.)

What type of support would you like from a doula? Is there anything you would not want?

What is the most important thing for you and your partner regarding birth doula support?

What do you envision for your labor and delivery? Please describe what you would like your birth to look like and feel for you (try to use at least 5 descriptors, for example, peaceful)

Preferences



PAIN MANAGEMENT

Please indicate which pain management techniques you would like to discuss. Check all that apply.

- | | |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Meditation and/or Visualization | <input type="checkbox"/> Heating pads and/or cold compress |
| <input type="checkbox"/> Physical Movement / Positions / Walking | <input type="checkbox"/> Music and/or dancing |
| <input type="checkbox"/> Massage and/or Acupressure points | <input type="checkbox"/> Shower / bath |
| <input type="checkbox"/> Rebozo techniques | <input type="checkbox"/> TENS machine |
| <input type="checkbox"/> Laughing Gas | <input type="checkbox"/> Herbal remedies |
| <input type="checkbox"/> Guided breathing techniques | <input type="checkbox"/> Counterpressure (by doula or partner) |
| <input type="checkbox"/> Other (please indicate any other pain management techniques that you would like to discuss) | |

EARLY LABOR PREFERENCES

Please indicate which items you prefer during early labor. Check all that apply.

- | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Labor at home as long as possible | <input type="checkbox"/> Continuous Fetal Monitoring |
| <input type="checkbox"/> Labor in hospital | <input type="checkbox"/> No Intravenous Line |
| <input type="checkbox"/> Wear my own clothing | <input type="checkbox"/> Medications offered (for example, an epidural) |
| <input type="checkbox"/> Continue eating | <input type="checkbox"/> Medications not offered by HCP |
| <input type="checkbox"/> Ice and/or popsicles available | <input type="checkbox"/> Epidural and/or other pain medication |
| <input type="checkbox"/> Vaginal checks limited to as few as possible | <input type="checkbox"/> Dim lighting |
| <input type="checkbox"/> Vaginal check frequency based on HCP protocol | <input type="checkbox"/> Use of Pitocin / Elective Induction |
| <input type="checkbox"/> Distractions | <input type="checkbox"/> Use of birth ball for positioning |
| <input type="checkbox"/> Focal Points (such as printed affirmations) | <input type="checkbox"/> Aromatherapy / Essential Oils |
| <input type="checkbox"/> Other (please indicate anything else you would like for your early labor) | |

Preferences Continued



ACTIVE LABOR PREFERENCES

Please indicate which items you prefer during active labor. Check all that apply.

- | | |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Choose the birth position(s) | <input type="checkbox"/> HCP chooses birth position(s) |
| <input type="checkbox"/> Perineal Massage | <input type="checkbox"/> Pictures taken during active labor |
| <input type="checkbox"/> Prefer to tear over an episiotomy | <input type="checkbox"/> Video taken during active labor |
| <input type="checkbox"/> Episiotomy | <input type="checkbox"/> Partner to catch baby (with HCP assistance) |
| <input type="checkbox"/> Other (please indicate any other preferences you have for your active labor) | |

POST BIRTH PREFERENCES

Please indicate which items you prefer after your baby is born. Check all that apply.

- | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Delayed cord cutting | <input type="checkbox"/> Announce the sex of the baby |
| <input type="checkbox"/> Cord cut by partner | <input type="checkbox"/> Place baby immediately on birth parent's chest |
| <input type="checkbox"/> Cord cut by HCP | <input type="checkbox"/> Clean baby before giving them to birth parent |
| <input type="checkbox"/> Save the placenta | <input type="checkbox"/> Delay newborn procedures for one hour |
| <input type="checkbox"/> Save the cord blood | <input type="checkbox"/> Deliver placenta without intervention |
| <input type="checkbox"/> Other (please indicate anything else you would like post birth) | |

NEWBORN PROCEDURES

If you are unsure or have questions about any of these procedures we will discuss them at a prenatal visit so you feel equipped to make an informed decision. Check all that apply.

- | | |
|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Waive infant eye ointment | <input type="checkbox"/> Waive Glucose test |
| <input type="checkbox"/> Waive Vitamin K shot | <input type="checkbox"/> Waive Hepatitis B vaccine |
| <input type="checkbox"/> Waive PKU test | <input type="checkbox"/> Elective circumcision |

Postpartum



IMMEDIATELY POSTPARTUM

Please indicate your postpartum preferences below. Check all that apply.

- Discharge the same day (if applicable)
- Consultation with a Lactation Consultant
- Postpartum doula care
- Postpartum depression (and other mood disorders) screening
- Other (please indicate any other things you may want or need 24-48 hours postpartum)

THE FOURTH TRIMESTER

Do you have any fears or concerns regarding the fourth trimester (three months after birth)?

What type of support do you have in place for the fourth trimester (food, errands, cleaning, etc.)?

Have you and your partner discussed a policy regarding guests during the fourth trimester?

ANYTHING ELSE?

Please feel free to share anything else that I may have missed asking about. I look forward to working with you!