**CLIENT PROFILE**

Client’s Name: Preferred Name:

Pronouns: she/her he/him they/them Other:

Partner’s Name: Preferred Name:

Pronouns: she/her he/him they/them Other:

Address:

Client’s Mobile: Partner’s Mobile:

Home Phone:

E-mail Address:

Emergency Contact:

Occupation:

Client: Work Phone:

Partner: Work Phone:

Due Date:­­­­­­­­­­­­­ Different from Last menstrual period? Different from 1st ultrasound?

Provider Official Due date: Different from original?

Do you know the baby’s gender?­­­­­­­­­­­­­ Boy/ Girl/ surprise!

Names:

OB/Midwife: Phone:

Practice Name and Address:

Hospital/Birth Center:

Phone:

Other providers you see (ie: Chiropractor, Acupuncturist, Homeopath, Massage Therapists, etc):

Baby’s Pediatrician:

Birthdate: Age at time of delivery:

How many pregnancies is this? Live deliveries (after 20 weeks):

Before 37 weeks? After 37 weeks?

Miscarriages: Abortions: Multiples: Living:

Children’s names and ages:

Do you have any allergies, sensitivities, or diet restrictions?

Medications you are taking (including prenatal vitamins):

Exercise type and frequency?

smoke? Yes/ No Partner? Yes/ no Planning on stopping? Yes/ no

medical conditions?

Std’s or blood diseases (HIV/Hep b,c/ herpes/chlamydia/ gonorrhea/syphilis/ trichomonas, hpv)

Do you have any specific neck, back, or pelvis issues?

Major Trauma? (major car accidents, broken bones)

Surgeries:   
Any past Gynecological or cervical Procedures?

pregnancy complications or discomforts? Treatments?

Prenatal Screenings? (Ultrasounds, Amniocentesis, CVS, RH Titers, Genetic Testing, Other)

GBS: + / - 1hr glucose: 3hr GTT:

Classes Attended(or going to attend by the time baby is born):

|  |  |
| --- | --- |
| **Class** | **Location or Instructor** |
| Childbirth Classes - What Type? |  |
| Breastfeeding Workshop: |  |
| Prenatal Yoga: |  |
| Other Prenatal Exercise Class: |  |
| Parenting Class: |  |
| Newborn Care: |  |
| Infant CPR: |  |
| Other: |  |

What pregnancy and childbirth books have you read?

Besides you and your partner, who will be present at the birth?

Do you plan to write your list of birth preferences? Y N

Do you need assistance with your list of birth preferences? Y N

Do you plan to breastfeed your baby? Y N

List any questions or concerns about breastfeeding:

Planning to pump? Y N

Would you like more information about “Baby Wearing” and the use of a baby sling? Y N

Are you planning on returning to work? If YES, when? Y N