

INITIAL CLIENT INTERVIEW

Please print this document and complete so we can be prepared for our first meeting.

MOTHER'S INFO

Name: _____

Address: _____

Home Phone: _____

Work #: _____

Maiden Name: _____

State & Date of Birth: _____

SSN: _____

Years of Education: _____

FATHER'S INFO

Name: _____

Address: _____

Home Phone: _____

Work #: _____

State & Date of Birth: _____

SSN: _____

Years of Education: _____

Family History I should be aware of (such as heart disease, diabetes, cancer, birth defects, genetic disorders):

Personal history for Mother or Father (same as above, include any medications you take or were taking when conception took place):

First day of last cycle? _____ Was cycle normal? _____ Explain _____
How many days come between your cycles? _____ How many days do you cycles last from start to finish? _____
pregnancies including this one? _____ # live births? _____ # Still births? _____ # Abortions? _____ # Miscarriages? _____
Premature deliveries (prior to 36 wks)? _____ What were the outcomes of these premature deliveries?

Give a brief overview of your birth history (begin with first pregnancy and include every pregnancy (regardless of outcome) Give date of birth (or miscarriage/abortion date); site of birth (home/hospital); hours of labor; medications used in labor; complications of delivery; tear/episiotomy; breastfeed and how long; name of child

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Please answer the following questions to your best ability.

1. What would be your ideal birth situation?

2. Was / were your birth(s) experience/s similar to your ideal?

3. Why are you interested in a home birth?

4. Who will attend your birth? Are you both in full agreement with these people in attendance?

5. Will these people be supportive / apprehensive of a home birth? What role will they play in the birth itself? (It is our desire to meet with everyone that will be included in the birth team)

6. What are your expectations of us? (Pregnancy, labor, post-partum)

7. Will you expect most of your support and guidance to be provided from us / your husband / or both?

8. What can we honestly expect from you? Will you follow our suggestions for good prenatal health, education and exercise to maximize the potential for a safe and happy home birth? (Even if the suggestions are difficult and require you to make great sacrifices?)

9. What are some things you absolutely will not do or follow?

10. How would your husband like to be involved in the birth? (Cord cutting, catching, behind the scenes support)

11. What things should we know about you to help us serve you better? (personality traits, pet peeves, etc.)

12. What are your biggest concerns about delivering at home? (things you fear may go wrong)

MY EXPECTATIONS:

1. A willingness to try any suggestion that will help to make your pregnancy and labor more effective and safe.
2. A desire and commitment to follow through with good prenatal nutrition, exercise, supplements, and education.
3. A willingness to make it to all appointments on time.
4. Diligence in keeping your account current, choosing a payment plan, and sticking to it.
5. A desire to do whatever is best for the baby and for your well being during pregnancy and labor/delivery.
6. A willingness to trust our knowledge and realize that if we are unsure of things, or if complications arise, we will make you fully aware and find answers; or seek help to do so.