

Client History

I. *Past Medical History*

List any significant infections (viral, bacterial other).

List any bodily injuries.

List surgeries (date, reason, place).

List hospitalizations (date, reason, place).

List any X-rays (date, reason, place, type).

List your past and current diagnosed medical illnesses.

List the childhood diseases you have had (German measles, mumps, chicken pox, rheumatic fever, etc.).

List any major body changes in last two years.

II. *Coach's Form*

What memories do you have of your mother's or other relatives' experience of birth?

If you have had other children, what was your experience with their birth? With parenting?

Do you have any particular concerns about pregnancy, birth and/or parenting?

At this time what are your plans for your birth? Why?

How do you want to be involved in the birth?

How can we help you to accomplish this?