

CHILD INTAKE FORM

Each parent to fill in one form per child you are bringing

CHILD'S NAME: _____ Date: _____

Primary concerns of parents and intention in coming for family support sessions:

Conception

Was baby planned? ___Y ___N ___ Wanted?

Conception: normal ___ In vitro ___ Insemination ___ Egg donor ___ other: _____

If known was the baby conceived whilst either parent was using alcohol or drugs – recreational or prescription? Anything else you want to tell me about what was going on around conception:

Discovery

Mom and co-parent/dad's attitude toward baby upon discovering the pregnancy:

If baby was unplanned did either parent consider abortion? Y ___ N ___ Attempted? _____ If yes give circumstances including timing during pregnancy:

Biological Mother's prenatal health – challenges, medications taken, diet and exercise and attitude and feelings toward baby:

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Pregnancy

Co-Parent/Dad - what was your attitude and feelings towards baby and were you supportive towards mom/baby during pregnancy?

Nature of support system in larger community and attitude of these people toward pregnancy (e.g. parents, family, friends, etc):

Nature of parent's relationship and as co-parents:

Did either parent smoke nicotine or use recreational drugs? If yes who and how much:

How often do parents drink alcohol? _____ How often did biological mom drink and how much at a time during the pregnancy?

Describe any stresses during pregnancy (e.g. illness or death of friend, parent, close family member, etc; strained relationship between mom and co-parent/dad; absence of co-parent/dad; depression, lack of support from family or friends, financial worries, major house moves, etc):

Birth

Birth location:

Midwife or O.B.'s name:

Co-Parent/Dad's role at the birth?

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Other support people at labor, or birth?

Drugs used during pregnancy or labor (for prolonging pregnancy, inducing labor, anesthesia, and epidurals, or Pitocin) and reason for use:

Labor/Birth interventions: induction? ___ forceps? ___
vacuum extraction ___ C-Section ___ (planned or emergency and why?)

Describe your birth experience:

Episiotomy? ___ Tear? ___ Birth weight _____ Apgar Scores _____
Other birth complications?

1st hours/days after birth

Where was your baby the first hour after birth? (with biological mom? was nursing started? separated for washing, measuring, testing or intubation? If separated, how long?):

1st day - was baby with biological mom or co-parent/dad most of the time? If not describe where baby was and why:

Was baby in the NICU? (Neonatal intensive care unit) ___ If yes, how long, why and procedures used:

Postpartum

Did you/are you nursing? ___ How long? _____ Any difficulties or complications:

Describe support (or lack of) you had first few months after birth:

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Describe nature of Co-Parent/Dad's relationship to biological mom and baby during first weeks after birth:

Any health complications, illnesses or postpartum depression?

If you had a boy was he circumcised? ___ If yes, any complications, and was anesthesia used?

Vaccinated? ___ If yes, any complications?

Other relationships

If there are siblings please tell me their ages, names and nature of relationship with the child you are bringing. Include children from prior relationships:

Other caregivers important to the child:

I agree to give 24 hours' notice to cancel or reschedule an appointment, and to pay the full fee for the session if the notice period is under 24 hours.

Signed:

Dated: