

Birthing Your Self Process Workshop Information Form

With

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Prenatal and Birth Therapy Information

Confidential

Name: _____ Today's Date _____

Birthdate: _____ Age: _____

Profession _____

Address: _____

Telephone: Home _____ Work: _____

Fax: _____

Email: _____

Note: Many of the following questions are intensely personal. Your responses will be kept completely confidential. Filling out this information form actually begins the work of the process workshop. If you are uncomfortable about responding to any of the questions please email or telephone me to discuss this.

What is your intention in exploring your prenatal and birth experiences?

Family Relationships (married, partnered, single, divorced, children, grandchildren etc.)

If you have children is there something you would like me to know about their prenatal or birth times?

Professional Information

If you are a bodyworker, psychotherapist, health care practitioner or student in these fields, please indicate the nature of your practice or extent of training (types of therapy). If you do not work in the “healing” arts please give a short account of the work you do.

**Some of the work may involve physical exertion. Do you have any medical conditions which would contraindicate involvement in this way? Yes _____
No _____ If yes, please explain.**

Do you have any area of your body which needs special consideration?

Are you presently taking any medications or drugs? (name of medication, for what condition?)

Are you presently using any recreational drugs, alcohol or nicotine? (amount per day/week).

**Have you ever been prescribed medications for mental health reasons? Yes _____
No _____**

If yes, please describe the circumstances and outcomes, with the dates.

Have you ever been hospitalized for mental health reasons? Yes _____ No _____
If yes, please describe the circumstances and outcomes, with the dates.

**Have you ever experienced suicidal thinking or made a suicide attempt/s?
Yes _____ No _____**

If yes, please describe the circumstances and outcomes, with the dates.

Are you being treated by any other health care professionals?

Please check what you know or think applies to your birth history. My birth was
_____ **an unmedicated vaginal birth at home**
_____ **an unmedicated vaginal birth in the hospital**
_____ **a vaginal birth with anesthesia**
_____ **with forceps**
_____ **with cranial suction (vacuum extractor)**
_____ **with a fetal heart monitor**

- _____ **Cesarean Section**
- _____ **Breech birth**
- _____ **a multiple birth (twin, triplet)**

Other birth complications? Please explain.

Please check what you know or think applies to your prenatal and birth history.

_____ **I had a twin that did not live. At what point in the pregnancy or post natal time did the twin leave?**

_____ **I was premature. How many weeks?**

_____ **I was in a neonatal intensive care unit. Please state how long, and what you know or think about the reasons for this.**

_____ **I was incubated. Please state how long, and what you know or think about the reasons for this.**

_____ **I was hospitalized in my first five years of life. If so, please state how long, and what you know or think about the reasons for this. Please note any interventions shortly after birth, high levels of jaundice, or other neonatal complications, or any surgeries or significant illness as an infant or young child.**

Who raised you? Were your parents your biological parents? Were you raised by a single parent? If your parents separated or divorced, how old were you? Did you have other major primary care givers like grandparents, aunt and uncles, guardians, foster or adoptive parents?

Do you or did you have siblings? Indicate ages relative to you, and the nature of your relationship as children.

Please relate any other information you know or think concerning your conception, your parents' attitude toward having you (planned, unplanned, wanted, confused, unwanted etc? If you know you were unwanted, did your parents consider or attempt abortion?).

What was your life in the womb like? Consider physical effects such as : did your mother or father smoke? Consume alcohol or other drugs? Mother's diet? Also consider emotional effects such as: absence or presence of father during pregnancy and birth? Your parent's relationship with each other during your pregnancy? Significant stressors or losses during your pregnancy? Your siblings' attitude to your birth? If you were adopted, give information about the transition to your adopted family as well as any birth history you know.

Have you ever been in an abusive relationship? Yes _____ No _____ If yes, please tell me about it...when, what relation the person was or is to you, whether the abuse was or is physical, sexual and/or emotional? If this was in a past relationship what action did you take? If in a present relationship what are you doing about it? Please give details.

Please initial the following:

_____ **I take responsibility for my well being during and after the workshop.**

_____ **I am in good physical, emotional and mental condition and can participate in the regularly scheduled activities of the workshop.**

_____ **I understand that all the shared material that I learn from other participants in the workshop is totally confidential.**

I have access to support and follow up therapy after this workshop if desirable?

Yes _____ No _____ If yes, with whom? _____ Does this person have pre and perinatal facilitation skills? Yes _____ No _____. If you do not have access to follow up therapy, what do you plan to do to support yourself after this workshop? Note: this will also be discussed in the workshop.

If this is your first workshop, who recommended this workshop to you?

Signature _____

Date: _____