

Information Sheet for Childbirth Educator

Pregnant woman's last name	First name	Partner's last name	First name
Street address		City	Zip/Postal code
Cell phone	OK to text?	Email address	Ages of other children

Doctor's or midwife's name	Home birth? or Name of birth center/hospital	Due date
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May I share the *above* information with other class members on a class list? yes no

If you have other children, did you take childbirth classes during a previous pregnancy? yes no

If yes, where? _____

With this pregnancy, did you take an early pregnancy class? yes no

Pregnant Woman

Age: _____ Are you a smoker? yes no

Present and/or past occupations: _____

Do you exercise regularly? yes no

If yes, what do you do? _____

How would you rate your diet?

Excellent Good Fair Poor

How would you rate your ability to cope with stress?

Excellent Good Fair Poor

Would you like to breastfeed? yes no

What areas of pregnancy and/or childbirth do you especially hope to learn about in class? _____

What are your plans regarding the use of medication for labor and birth? _____

Any special information about you or your birth plans that I should know? _____

Partner

Age: _____ Are you a smoker? yes no

Present and/or past occupations: _____

Do you exercise regularly? yes no

If yes, what do you do? _____

How would you rate your diet?

Excellent Good Fair Poor

How would you rate your ability to cope with stress?

Excellent Good Fair Poor

Would you like for her to breastfeed? yes no

What areas of pregnancy and/or childbirth do you especially hope to learn about in class? _____

What is your understanding of her plans regarding the use of medication for labor and birth? _____

Any special information about you or your birth plans that I should know? _____