

Information Sheet for Childbirth Educator

Pregnant person's last name	First name	Preferred pronoun	
Partner's last name	First name	Preferred pronoun	
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	

May I share the *above* information with other class members on a class list? yes no

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

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

Pregnant Person

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

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

Do you plan to breast/chest feed? yes no

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

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

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

What are your thoughts about breast/chest feeding? _____

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

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