

Blue Moon Perinatal Intake Form

Welcome! Thank you for taking the time to think through or fill out this information prior to our appointment. Fair warning, this is a long intake, however my goal is to have you think through things we may touch on prior to the appointment so we can be as efficient as possible during your appointment and spend time discussing the important things. I realize that some of this is sensitive, so please skip any questions that you are not comfortable with.

Demographic

Name
Address
Email
Phone number
Occupation
Relationship status
Names and ages of people you live with

Past OB History

How many times have you been pregnant?

Are you pregnant now?

Please list all of your dates of pregnancy, outcome, who were your doctors, what hospital were you at and any complications, if any?

Are you actively trying to get pregnant and if so for how long?

Who is your OBGYN and high risk consultant if applicable?

Do you plan on sharing with them that we have spoken?

Past Gynecological History

How old were you when you first got your period?

How long are your cycles?

How long do your periods last?

Any history of: Fibroids Cysts Sexually Transmitted diseases
If yes, please explain:

Current method of birth control, if any

Have you ever been the victim of any inappropriate sexual conduct?

Parenting

If you have children, please list their names, ages, and if they go to school?

What are your reproductive goals i.e. what is your ideal number of children, age spacing, etc?

What are the best and worst parts of parenting for you?

Who, if anyone, helps you with childcare?

Past Medical History

Do you have any medical conditions? If yes, please list what, the age of diagnosis and your doctors name

Please list any prescription medications, over the counter medications and supplements you are currently taking

Please list any surgeries including who your surgeon was and how your hospital experience was

Family history

Please share any relevant family history, illness, health conditions in your immediate family

Social History

Do you work? If yes, what is your profession and how many hours a week do you work?

Do you have any history of smoking, drinking, drug use? If so, what and how much?

Are you in a committed relationship?

Do you have any history of verbal/emotional/physical abuse? If yes, please explain.

Please indicate approximate dates and nature (briefly) of any major traumatic experiences in your life (ie death of a family member, divorce, losing a pregnancy etc).

What are 3 adjectives that you feel best describe your personality?

Do you feel supported? Who is your support system/who provides the most emotional support in your life?

What do you do to feel better/lift your mood (ie exercise, listen to music, meditation, walk, eat chocolate)

Have you ever been in therapy and how was your experience?

Spiritual/Emotional History

Do you have a spiritual practice and if so, describe briefly.

Do you believe in God or engage in any type of prayer?
What is your religion?

Have you ever worked in holistic practices such as acupuncture, integrative medicine, reiki therapy, tapping etc? If so, which ones and what was the best and worst part of your experience?

How do you feel about integration of this type of practice including energy medicine practitioners, life coaches, doulas, etc into your support system?

Why you're here

What is your main reason for consultation today?

How many visits do you think you will want/need?

What would you like my role to be in your care?

How do you think I can help you the most?

Have you used a virtual video platform before and do you have a comfortable private space to talk?

Who referred you/how did you find me?

You're finally done! I know this was long but it will enable our time together to really be maximized from the very beginning.