



Preparation & Education
motheringthemothers™

Childbirth Preparation Workshop Registration

(All information is strictly confidential and is not shared with any other party)

Name: (last, first) _____

DOB: _____

Partner: (last, first) _____

Mailing Address: _____

Contact Numbers: _____

Home Phone: _____

Mobile: _____

Partner's Mobile: _____

Email: _____

Religion (optional): _____

Is English your Main Language? _____

Do you need an Interpreter? _____

General health: _____

Health during pregnancy: _____

Number of previous pregnancies: _____

Estimated Due Date: _____

How many weeks pregnant will you be when you begin classes? _____

Hospital/Birthing Facility/Home: _____

Care Providers Name (Doctor/Primary Midwife etc): _____

Is this an assisted conception/IVF (optional) _____

Are you planning to Breast Feed / Formula Feed? _____

Is there any specific fear you have regarding the birth or becoming a parent? _____

What would your ideal birth scenario be? _____

What are you hoping to gain from this course? _____

At times certain experiences in life such as abuse, trauma, childhood experiences or accidents etc can impact significantly on a couple's birth experience. Is there anything you would like to discuss with me, in confidence, at any time?

