



Preparation & Education
motheringthemothers™

VBAC Support 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: _____

Number of previous caesareans: _____

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) _____



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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?

Please tell me about your previous birth experiences. (As much or as little as you wish).
