

**Becky Gerson, CD(DONA), HBCE**  
**Birth and Postpartum Doula**  
**HypnoBirthing Childbirth Educator**  
**Phone: (310) 560-6850**  
**becky@nurturedmommy.com**  
**www.nurturedmommy.com**



### Medical and Personal History

Please fill out this medical and personal history form very carefully. When we meet again we will go over it and discuss any questions that either of us might have. Please leave blank any questions with which you are unfamiliar or would prefer to answer in person.

#### MOTHER:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_

City and Zip Code \_\_\_\_\_

Phone #'s \_\_\_\_\_ (cell) \_\_\_\_\_ (partner's cell) \_\_\_\_\_ (home)

E-mail Address \_\_\_\_\_

Usual Weight (non-pregnant) \_\_\_\_\_ Your Weight at Your Own Birth \_\_\_\_\_

Occupation \_\_\_\_\_

#### FATHER:

Name \_\_\_\_\_ Baby's Father's Birth Weight \_\_\_\_\_

Occupation \_\_\_\_\_

#### CARE PROVIDER:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Office Address \_\_\_\_\_

#### HOSPITAL/BIRTH FACILITY:

Where do you plan to give birth? \_\_\_\_\_

Facility Address \_\_\_\_\_

Labor and Delivery Phone \_\_\_\_\_

Approximate driving time from your home to the birthing facility \_\_\_\_\_

OTHER:

Due Date \_\_\_\_\_ Sex of baby(if known) \_\_\_\_\_ Name of Baby(if known) \_\_\_\_\_

Have you taken any childbirth preparation classes? \_\_\_\_\_

If yes, Location and Instructor \_\_\_\_\_

How else have you prepared for this birth? (books, videos, etc.) \_\_\_\_\_

\_\_\_\_\_

What do you know about your mother's labors? \_\_\_\_\_

\_\_\_\_\_

To what extent do you drink alcohol? \_\_\_\_\_

How much do you usually sleep each night? \_\_\_\_\_

Do you have an opportunity for rest or a nap each day? \_\_\_\_\_ Do you sleep well? \_\_\_\_\_

In general how have you felt with this pregnancy? \_\_\_\_\_

\_\_\_\_\_

Please list the people you plan to invite to your birth \_\_\_\_\_

\_\_\_\_\_

Who will be helping you at home after your baby is born? \_\_\_\_\_

The following can greatly affect your birth. Please answer the following so that I can best help you during your labor and birth.

Do you have herpes? \_\_\_\_\_ Have you tested positive for Group B Strep? \_\_\_\_\_

Do you have any disease, infection, etc. that is transmittable through bodily fluids? \_\_\_\_\_

Have you ever been sexually or physically abused? (Please answer only if and when you feel comfortable)

Have you **ever** had a biopsy or any other procedure on your cervix? \_\_\_\_\_

What else would you like me to know about your history, hopes, dreams, fears, strengths, limitations, etc?

\_\_\_\_\_

\_\_\_\_\_

Number of Pregnancies \_\_\_\_\_ Number of Births \_\_\_\_\_ Abortions \_\_\_\_\_ Miscarriages \_\_\_\_\_

IF YOU'VE GIVEN BIRTH BEFORE:

How much did each of your babies weigh? \_\_\_\_\_

Were your babies born early, on time, or late? \_\_\_\_\_

Did you breastfeed? \_\_\_\_\_ For how long? \_\_\_\_\_

How long were you in labor with each of your babies? \_\_\_\_\_

How did your labor(s) begin? \_\_\_\_\_

Did you have any complications during the labor(s) or after the birth(s)? \_\_\_\_\_

Older Child/rens Name(s) \_\_\_\_\_ Ages \_\_\_\_\_

As your birth doula, I want to help you achieve your goals for this exciting time in your life. You can help me do this by by considering the following and sharing this information with me.

Who will be your primary birth partner? \_\_\_\_\_

What support do you expect from him or her? \_\_\_\_\_

What do you expect from each other family member or friend who will be present during your labor and/or birth? \_\_\_\_\_

How would you describe your relationship with your care provider and what do you expect from him/her during your labor and birth? \_\_\_\_\_

Few women would have the following procedures for no reason. *Assuming that there was a good reason*, how much would each procedure upset you? (On a scale from 1 to 10, 1=least upset and 10=most upset)

Induced Labor \_\_\_\_\_

Urinary Catheter \_\_\_\_\_

IV During Labor and Birth \_\_\_\_\_

Stirrups for Birth \_\_\_\_\_

Artificial Rupture of Membranes \_\_\_\_\_

Episiotomy \_\_\_\_\_

Continuous Fetal Monitoring \_\_\_\_\_

Perineal Tear \_\_\_\_\_

Internal Monitoring \_\_\_\_\_

Narcotic Pain Relief \_\_\_\_\_

Pitocin Augmentation \_\_\_\_\_

Epidural for Labor \_\_\_\_\_

Vacuum Extractor/Forceps \_\_\_\_\_

Nitrous Oxide \_\_\_\_\_

Cesarean Birth \_\_\_\_\_

Pitocin after Birth \_\_\_\_\_

Are you planning on refusing or delaying any of the following newborn procedures?

Bath\_\_\_\_\_ Eye Prophylaxis\_\_\_\_\_ Vitamin K Shot\_\_\_\_\_ Hep B Vaccine\_\_\_\_\_ Circumcision\_\_\_\_\_

What are your feelings about breastfeeding? \_\_\_\_\_

Do you have any preconceived feelings, expectations, fears, or other ideas about birth? \_\_\_\_\_

**ABOUT MY SERVICES:**

Of course it is impossible to know exactly what you will need from me during your labor, but please let me know if there are any of the following which you do NOT want from me. Remember, you can always change your mind about any of these during labor, as we get to know each other and learn to work together.

Help with breathing and relaxing

Massage/Soothing Touch

Ideas for Comfort and Progress

Help Communicating with the Doctor/Nurses

Support for Your Goals

Remind You of Your Birth Plan

Remind You and/or Your Partner to Eat and Drink

Communicate with Your Family

Take Pictures

Other \_\_\_\_\_

Is there anything else you would like to add? Are there any issues that I should know about? Labor can bring up things from the past such as prior pregnancies, miscarriages, adoption, and sexual traumas.

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Where did you hear about Becky? \_\_\_\_\_