

# Erika Nabuurs, Medicine Woman

Erika@MECA.Life • www.MECA.Life 604.388.MECA • 778.834.5204 Merville, BC

### **BIRTH INTAKE FORM**

#### **Patient Information**

Name:	Age:		
Address:			
Phone:	(H): (C):		
Email:			
Date of intro	ductory meeting:		
<b>Pregnancy</b> Estimated du	ue date:		
Previous Pre	egnancies: pregnancies, labours, outcomes, etc.		
Current Pregnancy: including any complications, risk factors, GBS results, classes attended, etc.			
	ntentions, fears, preferences, plans for other children, role of husband/partner, OB, changes from last labour, where to labour, when/if to transfer.		



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<b>Preferred Strategies for pain</b> : what worked/didn't work in the past, what do you think will work
this time.
Plan for Birth Attendant: when to call (stage of labour), where to meet, level of
support/involvement, role relative to other support persons.



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Additional information:	
Selected Birth Attendant Package:	
Payment Preference: In Full, Installments, eTransfe	er, Cash, Credit.
Signature (Birthing Woman)	Date (Day/Month/Year)
	///
Signature (Partner)	Date (Day/Month/Year)
	/ /
Signature (Birth Attendant)	Date (Day/Month/Year)