



NY Hypnosis and Healing Center

Pregnancy Intake Interview Form

Confidentiality: When received, all information on this questionnaire will be kept strictly confidential.

On completing this *Intake Interview form*, **Submit this form OnLine to speed the processing of information.** On completion, click on the <Submit> button at the bottom of the form.

Identifying Data

Name					
Number and Street					
City		State		Zip	
Date of Birth	Format as: Mo/Da/YYRR	Gender	Male	Female	
Occupation					

Daytime Phone		Evening Phone	
E-mail (required)	Submit e-mail address which you would like us to use to contact you.		
Cell Phone			

Family Information

Marital Status	Married:	Single:	Widowed/Widower:	Divorced:
Spouse Name				

Children	<i>Format: Type in Names and Ages of Children. Marital Status (if appropriate)</i>
Siblings	<i>Format: Type in Names and Ages of Siblings. Marital Status (if appropriate)</i>
Parents	<i>Format: Type in Names and Ages of Parents. Marital Status (if appropriate)</i>
Pets	<i>Format: Type in Names and Breeds of pets</i>

About you

1. What Childbirth Education Classes are you taking?	
2. How many previous pregnancies have you had?	Full term Deliveries: Premature Deliveries: Miscarriages:
3. What support system do you have at home?	
4. Have you ever used Hypnosis before for a birth?	No Yes
5. What other methods of Pain Management in Birthing have you used?	Natural Childbirth: Lamaze Bradley Medications: Epidural: Caudal: General Anesthesia: Water Birth:
6. What Medical Providers will you be using?	Physician Midwife Doula <i>Check all that apply.</i>
7. I plan to deliver . . .	In a Hospital In a Birthing Center At Home

8. Who will be your Birthing Companion?	
9. Have you had a previous C-Section?	No Yes
10.If the answer to #9 is "Yes," are you planning a VBAC?	No Yes

Any Other Information We Need To Know – Enter Below

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