

Sages Femmes Renaissance Midwifery: Client Intake Sheet

The following data must be collected for any clinic appointment. The midwife will determine the eligibility of any clients who may have risk factors. All forms will be reviewed by the midwife and signed.

Date: Initial Call: _____ Intake By: _____ 1st Time Client: _____ Repeat: _____

NAME: _____ PHONE: _____

Home _____ Work _____

EMAIL: _____

ADDRESS: _____
 Street _____ Apt# _____ City _____ Postal Code _____

Date of Birth: _____ Partner's Name: _____

Where did you hear about Midwifery care? _____ self _____ family _____ family dr. _____ ob/gyn _____ friend _____ hospital
 ADM _____ another midwifery practice _____ teledirectory _____ other _____

CLINICAL INFORMATION:

1. DLMP _____ EDD _____ Wks Pg _____
2. Is this your first baby? _____ yes _____ no How many children do you have? _____
3. Previous midwifery client? _____ no _____ yes Midwife: _____ year: _____
4. Home _____ Hospital _____ Unsure _____
5. Prenatal care this pregnancy? _____ no _____ yes Whom/ What? _____
6. Major Medical problems? _____ no _____ yes (i.e. diabetes, heart disease, epilepsy, high blood pressure, kidney disease)
7. Did you have any problems with your previous pregnancy/ birth? _____ no _____ yes
 if yes, please describe: _____

Comments: _____

ACCEPTED INTO CARE: Date: _____

Midwife & Team: _____

1st appt: _____

NOT ACCEPTED INTO CARE

_____ Out of Catchment Area _____
 location _____
 _____ Practice Full _____
 suggestion _____
 _____ Inappropriate for Midwifery Care _____
 explain _____

_____ Miscarriage _____
 _____ Declined MW care _____
 _____ Transferred to another midwifery practice _____
 Date: _____