

# Sages-femmes Renaissance Midwifery: Client Intake Form

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.

Initial Call: \_\_\_\_\_ Intake By: \_\_\_\_\_ 1st Time Client: \_\_\_\_\_ Repeat: \_\_\_\_\_

NAME: \_\_\_\_\_ Ph: \_\_\_\_\_

Cell \_\_\_\_\_ Home \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Street \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Partner: \_\_\_\_\_

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

## 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? \_\_\_\_\_ N/A \_\_\_\_\_ no \_\_\_\_\_ yes  
if yes, please describe: \_\_\_\_\_

8. Has anything changed in terms of your health since your last pregnancy? \_\_\_\_\_ no \_\_\_\_\_ yes

Comments: \_\_\_\_\_

ACCEPTED INTO CARE: Date: \_\_\_\_\_

Midwife & Team: \_\_\_\_\_

1st appt: \_\_\_\_\_

## NOT ACCEPTED INTO CARE

\_\_\_\_\_ Out of Catchment Area \_\_\_\_\_

\_\_\_\_\_ location \_\_\_\_\_ Miscarriage

\_\_\_\_\_ Practice Full \_\_\_\_\_

\_\_\_\_\_ suggestion \_\_\_\_\_ Declined MW care

\_\_\_\_\_ Inappropriate for Midwifery Care \_\_\_\_\_

\_\_\_\_\_ explain \_\_\_\_\_ Transferred to another midwifery practice

Date: \_\_\_\_\_