

CHILDBIRTH EDUCATION REGISTRATION QUESTIONNAIRE

Today's Date _____

Expectant Mother's Name _____ Age _____ Due Date _____

Occupation (past or current) _____

Home Address _____ Phone _____

Labor Partner's Name _____ Age _____ Occupation _____

Name / Ages of other Children (if any) _____

Complications with previous pregnancy, labor, or birth? _____

Any medications used in previous labor or birth? _____ If so, what? _____

Current plan for labor pain management: Relaxation _____ Medication _____ Undecided _____

How did you learn about Childbirth Education classes? _____

Your Doctor's Name _____ Where do you plan to give birth? _____

What is your infant feeding choice? _____ Breastfeeding _____ Formula _____ Combination _____ Undecided

I am most interested in learning about:

(MOM)

(DAD)