

HYPNOSIS FOR BIRTHING: Mom's Questionnaire

Name _____ Today's Date _____ Home Phone _____

Mailing Address _____ Work Phone _____

_____ E-mail _____

Your Date of Birth _____ Your Baby's Due Date _____

How did you hear about these classes? _____

What has your pregnancy been like so far? _____

Who are your care providers? _____

On a scale of 1 (least compatible) to 10 (most compatible), how compatible are their philosophies and procedures with your beliefs about birth? _____

Are you taking other childbirth classes? _____ If yes, where and when? _____

Have you given birth previously? _____ If yes, when? _____

If yes, please describe your experience on the back of this page (be as brief or detailed as you'd like).

Have you attended any births (other than your own)? _____

If so, please describe your experience/impressions (on the back).

Who do you plan to have at your birth, and what involvement would you (ideally) like them to have?

In thinking ahead to your baby's birth, what things do you hope for or fear about this experience?

Have you ever used hypnosis, meditation, progressive relaxation or visualization? _____

If yes, please describe. _____

What is the nature of your work (employment) and/or other hobbies or interests? _____

Is there anything else I should know about you to allow me to support you as much as possible? (Back)

HYPNOSIS FOR BIRTHING: Partner's Questionnaire

Your Name _____

Your partner's name _____

Home Phone _____

Your e-mail _____

Work Phone _____

Have you been at any births previously? _____

If so, please describe your experience(s).

Which of these are important to you in the upcoming birth of your baby? (Please check all that apply)

Supporting your partner

Being a part of the birth for your own personal experience

Being involved in a hands-on way if possible (e.g. catching the baby, cutting the umbilical cord)

In thinking ahead to your baby's birth, is there anything else you might hope for or fear about this experience?

Have you ever used hypnosis, meditation, progressive relaxation or visualization? _____

If yes, please describe. _____

What is the nature of your work (employment) and/or other hobbies or interests?
