

*naturally*calmbirth® Sue Power

calmbirth® practitioner & registered midwife

Course Enrolment Form

Mother's Name _____ Age _____

Spouse/partner/birthing companion/s _____

Occupation/s _____

Mailing Address _____

Contact Numbers: home _____ mobile/s _____

*Email _____

General health/and health during pregnancy _____

Any irrational fears or phobias _____

Is this the birth of your 1st 2nd 3rd 4th child? (please circle)

What date is baby expected? _____

Is this an assisted conception/IVF (optional) _____

How many weeks pregnant will you be when you begin classes? _____

Care Provider Name (Doctor/Primary Midwife etc) _____

Hospital/Birthing Facility/Home _____

Previous Childbirth Preparation/Education Classes Yes No

Private Health Insurance Provider (if applicable) _____

How did you hear about/who recommended *calmbirth*®? _____

What are your feelings about the birth at the commencement of the classes? _____

(Spouse/Partner) _____

What kind of birth would you like to achieve? _____

(spouse/partner)_____

Is there any specific fear you have regarding the birth or becoming a parent? _____

(spouse/partner)_____

If you have a special place in nature where would it be? Eg beach, rainforest, mountains.

(spouse/partner)_____

Hobbies or interests? _____

*** Please include an email address that will be current for an online evaluation to be sent to you approx two months following the birth. Thank you.**