

Office Use Only:

Class Date:

Birth Day:

B/G:

*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 \_\_\_\_\_

Do you take regular medications? (please outline) \_\_\_\_\_

Does either parent have any specific fears/phobias? \_\_\_\_\_

Is this the birth of your 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> child? (please highlight)

Due Date? \_\_\_\_\_

Any previous or current pregnancy complications? \_\_\_\_\_

Is this an assisted conception/IVF ? (optional) \_\_\_\_\_

Care Provider Name (Doctor or Primary Midwife) \_\_\_\_\_

Hospital (Name) or Homebirth \_\_\_\_\_

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? \_\_\_\_\_

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(spouse/partner) \_\_\_\_\_

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

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(spouse/partner) \_\_\_\_\_

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

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(spouse/partner) \_\_\_\_\_

Anything else of significance that you would like to discuss or feel is important to know? \_\_\_\_\_

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**\* 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.**