

Anne Cartegnie, LLC.

CRANIOSACRAL & BIRTH-AND-PRENATAL THERAPY

Client Information Form - **Birth History**

CONFIDENTIALITY: All information on this questionnaire will be kept strictly confidential.

Name: _____ Today's date: _____

What is your intention for exploring your birth history?

Please check what you know **or think** applies to your early history and give details.

PRECONCEPTION:

Did either or both of your parents lose another child to miscarriage, abortion, stillbirth, or childhood death before you ? Yes No

Anything happened in your family before your were born that might have effected your parents's ability to be open and present to receive you? Yes No

Anything else?

CONCEPTION:

Please check what you know or think applies to your parents' attitude toward having you:

- planned unplanned
 wanted unwanted confused

Any drugs or alcohol at the time of conception? Please describe.

DISCOVERY:

Was abortion considered? Yes No Attempted? Yes No
If yes, please describe, including when this was during the pregnancy.

PREGNANCY:

What do you know about the **physical effects** of your life in the womb? (i.e)

Mom: drinking smoking drugs bad diet good diet
Dad: drinking smoking drugs

What do you know about the **emotional effects** of your life in the womb? (i.e)

Mom and dad's relationship with each other was good bad
Mom was happy? Yes No
Dad was happy? Yes No Present? Yes No
Parents had support from friends and family Yes No

I had a twin that did not live. Yes No

At what point in the pregnancy or post natal time did the twin leave?

Anything else?

BIRTH:

I was premature. Yes No. How many weeks? _____

My birth was:

- an unmedicated vaginal birth in a hospital
- an unmedicated vaginal birth at home
- an anesthesia birth
- with forceps
- with cranial suction
- with fetal heart monitor
- c-section
- breech
- a multiple birth (twins, etc...)
- other birth complications, please explain.

Was your father present during your birth? Yes No

Do you know where he was? _____

Anything else?

AFTER BIRTH:

Were you separated from you mother at birth? Yes No

I was in a Neonatal Intensive Care Unit. Please state how long _____

I was incubated. How long? _____

I was sent to a nursery. How long? _____

Were you breast fed? Yes No If yes, how long? _____

Men, were you circumcised as an infant? Yes No

Any interventions shortly after birth? Yes No (
(such as hospitalization for illness or high jaundice, operations). If yes please describe:

Did your mom suffer from post-partum depression? Yes No

Anything else?

FAMILY:

Who raised you?

biological parents adoptive parents

single parent. How old were you when your parents split? _____

other major primary care givers? grandparents aunt and uncles guardians

Do you or did you have siblings? Yes No

Indicate ages relative to you, nature of relationship as children.

If you are adopted, give information about transition in hospital and new family as well as any birth history known.

Anything else?

PRESENT DAY INFORMATION:

Yes No Have you ever lost a child to miscarriage, abortion, stillbirth or death?
If yes, please explain circumstances and dates and how this affects you today.

Yes No Have you ever been or are you in an abusive relationship?
If yes, please state when, what relation the person was or is to you, whether the abuse was or is physical, sexual and or emotional. If a past relationship, what action did you take? If present, what are you doing about it. Please give details.

Yes No Have you ever been prescribed medications for mental health reason?
If yes, please describe the circumstances and outcomes with dates.

Yes No Have you ever been hospitalized for mental health reasons?
If yes, please describe the circumstances and outcomes with dates.

Yes No Has anyone in your family ever attempted or committed suicide?

Yes No Have you ever contemplated or attempted suicide?
If yes, please describe the circumstances with dates.

Anything else...?