

**Crescent Beach Midwifery**  
201-2775 McKenzie Ave, Surrey, BC V4A 3H5  
604-535-1175 ext.3 [info@crescentmoonchildbirth.org](mailto:info@crescentmoonchildbirth.org) fax 604-648-9791

New Client Intake Form

If you are interested in the services offered by Crescent Beach Midwifery (new or repeat clients), please fill out this form and fax it to us at 604-648-9791. You will be contacted within 48 hours to welcome you to our care (subject to availability) or placed on a waiting list.

How did you hear about us? \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age (on due date) \_\_\_\_\_ BC Care Card number \_\_\_\_\_

Full Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Husband/Partner/Labour Support \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Number of pregnancies (including present) \_\_\_\_\_ Number of children \_\_\_\_\_

Miscarriages \_\_\_\_\_ Terminations \_\_\_\_\_ Twins? \_\_\_\_\_

Month & year of births and names: \_\_\_\_\_

What was the first day of your last menstrual period? \_\_\_\_\_

How frequent are your periods? \_\_\_\_\_ Are they regular? \_\_\_\_\_

Estimated Due Date: \_\_\_\_\_ Last ovulation date? \_\_\_\_\_

Have you had an Ultrasound in this pregnancy? \_\_\_\_\_ Reason? \_\_\_\_\_

Contraception used in the last year? \_\_\_\_\_ Date last used? \_\_\_\_\_

When was your last PAP? \_\_\_\_\_ Do you smoke? \_\_\_\_\_

What is your height \_\_\_\_\_ and pre-pregnancy weight? \_\_\_\_\_

List known allergies: \_\_\_\_\_

List current medications: \_\_\_\_\_

List current vitamins/supplements: \_\_\_\_\_

Where would you like to deliver? Home Peace Arch Surrey Memorial

PRESENT PREGNANCY: circle if you have had any of the following...

Bleeding/spotting	Nausea	Vomiting	Fever
Depression	Infections	Alcohol use	Drug use

MEDICAL HISTORY: circle if you have had any of the following...

Cardio vascular	Respiratory	Urinary	Gastro-intestinal
Hypertension	Blood clotting	Diabetes	Thyroid
Sexually transmitted infection	Seizures	Depression	Eating disorder
Reaction to anesthetics	Sexual abuse	Herpes	Chickenpox
Postpartum depression	Wisdom Teeth Extraction		

List any hospitalizations & surgeries \_\_\_\_\_

Is there anything else that you would like us to know? \_\_\_\_\_

\_\_\_\_\_