

**BEBA**

(Building and Enhancing Bonding and Attachment)

**Child Intake Form**

Date: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

***If different:***

Father's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

What are the current challenges that your child is having (emotional, physical, relational, other)?

What are your intentions for coming to BEBA? What would you like for your child? What would you like for yourself?

**Please tell us about your child's conception.**

Was your baby planned?                      Wanted?

Was your conception: Normal \_\_\_ In-vitro \_\_\_ Insemination \_\_\_ Donor (sperm) \_\_\_ or (egg) \_\_\_  
Surrogacy \_\_\_. If any stress occurred around the ability to, or intention to conceive or not, please describe:

If known, was baby conceived while either parent was using alcohol or drugs? Please explain.

Mom and dad's attitudes and feelings toward baby upon discovering pregnancy?

If baby was not wanted, was abortion considered by either parent? Attempted: If yes, give circumstances including timing during the pregnancy.

**Please tell us about your pregnancy**

What was pregnancy like for mom and what was it like for dad?

Mom's health (or health challenges and medications taken), diet and exercise during pregnancy.

Mom's attitude toward developing child and the support or lack of support that she experienced and from whom.

Dad's attitude toward developing child and his support or lack of support of mom.

Nature of support system in larger community and attitude of these people toward pregnancy (e.g. parents, friend, relatives, etc.).

Nature of parents' relationship with each other as a couple and as parents to be.

Did either parent smoke or use recreational drugs. If yes, who and how much?

How often do parents drink alcohol? How often did mom drink and how much at the time during pregnancy?

Describe any stresses during pregnancy (e.g., illness, tragedies or deaths of a friend, parent, relative; strained relationship between mom and dad; absence of dad; depression; lack of support from family or friends; financial worries, major moves etc.).

**Please tell us about your child's birth**

Please describe your labor, how long it was and where it was experienced? Any challenges or interventions?

Please check what applies to your child's birth.

My child's birth was:

an unmedicated vaginal birth at home.

an unmedicated vaginal birth in a hospital or birthing center (please circle one).

an anesthesia birth.

a C-section birth – planned, unplanned, emergency (please circle one).

with forceps.

with cranial suction.

with fetal heart monitor.

with cord rapped around the neck.

a breech birth.

a multiple birth.

other complications (Please explain).

did your baby have a twin that did not live? If yes, at what point in the pregnancy or post natal time did the twin leave?

Was your child premature? If so, how many weeks?

Was your child incubated? If so, for how long?

Was your child in a NICU?. If yes, please state how long, reason for NICU, and procedures used.

Where was dad during the birth?

Were you separated from your child at birth? If so, please explain circumstances and for how long.

If a boy, was he circumcised? If yes, any complications?

Please note any interventions shortly after birth, or as an infant - illnesses, hospitalizations for high jaundice, operations etc.

Please note any traumatic experiences your child experienced in general - illnesses, hospitalizations, surgeries, accidents etc.

**Please tell us about your postpartum experience**

Did you breast-feed your baby? If yes, for how long? Any difficulties or complications?

Any postpartum challenges for mom or baby (e.g. health complications, illnesses, postpartum depression etc.)?

Describe the support (of lack of) that you experienced in the first few months after birth.

Vaccinated? If yes, any complications?

Describe nature of father's relationship to mom and baby during first weeks/months after birth.

**A few more questions**

Does your child have siblings? If so, what are their names, ages and essence of their relationships?

Please list any other important events or experiences that your child may have experienced (e.g. deaths, divorce, illness, school challenges etc.).