***BEBA***

(Building and Enhancing Bonding and Attachment)

 **Prenate Intake Form**

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

Expected Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Father/2nd Parent Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

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

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***If different:***

Father/2nd Parent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What are your intentions for coming to a session with me? What would you like for yourself and/or your relationship? What would you like to receive in preparation for the birth of your child?

***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.

Parents’s attitudes and feelings toward baby upon discovering pregnancy?

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

***Please tell us about your pregnancy with this child:***

What was pregnancy like for each parent?

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.

Father/2nd Parent’s attitude toward developing child and their 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 parents; absence of dad/2nd parent; depression; divorce or infidelity; financial worries, major moves etc.). If there were cultural or religious considerations or stresses please describe.

***Please tell us about your plans for your child’s birth:***

***A few more questions***

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

Please provide any additional information that you think we should be aware of.