***BEBA***

(Building and Enhancing Bonding and Attachment)

**Parent (Adult) Intake Form**

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

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

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

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family/Relationships (married, partnered, children, grandchildren): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please answer the following questions to the best of your ability.***

***Some General Questions***

What kinds of psychological or bodywork therapy have you experienced and for what period of time?

Are you in therapy or have regular bodywork? If yes, with whom?

Does this person have pre- and perinatal facilitation skills?

What psychological or bodywork training have you had?

List other physicians or health care practitioners you are being treated by.

Some of the session activities may involve physical exertion. Do you have any area of your body that needs special consideration? Example: injuries or surgeries that could limit your movement.

Are you presently taking any medications or drugs?

(Please list name of medication, and for what condition you are taking it)

Are you presently using any recreational drugs, plant medicine/psychedelics, alcohol, or nicotine?

(Please list amount per day/week)

***Your conception, Pregnancy, Birth & Childhood (Not that of your children)***

Was your conception: Natural \_\_\_\_\_\_\_\_\_\_\_\_\_ In-Vitro \_\_\_\_\_\_\_\_\_\_\_\_\_ Insemination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor (Sperm)\_\_\_\_\_\_\_\_\_\_\_ or (Egg) \_\_\_\_\_\_\_\_\_\_\_\_\_ Surrogacy \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adoption \_\_\_\_\_\_\_\_\_\_\_

What do you know about your life in the womb - maternal or paternal smoking, drinking, drugs, mom’s diet; absence or presence of father/2nd parent during pregnancy or birth; depression; tragedy or death of a friend, parent or relative; lack of support from family or friends; financial worries; major moves; divorce or infidelity; siblings attitude toward your birth. If you were adopted, please describe the circumstances of your adoption into your new family and any birth history that you might know. If there were cultural or religious considerations or stresses please describe.

Please relate any other information you know concerning your conception, your parent’s attitude toward having you (planned, unplanned, wanted, confused, unwanted}. If unwanted, did they consider or attempt abortion?

What was your parent’s relationship during pregnancy and during your first years of life?

Please check what you know or think applies to your birth history.

My birth was:

\_\_\_\_\_\_\_\_ an unmedicated vaginal birth at home.

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

\_\_\_\_\_\_\_\_ an anesthesia birth. If so, what type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ a c-section birth – planned, unplanned, emergency (please circle one).

\_\_\_\_\_\_\_\_ with forceps.

\_\_\_\_\_\_\_\_ with vacuum extraction/cranial suction.

\_\_\_\_\_\_\_\_ with fetal heart monitor.

\_\_\_\_\_\_\_\_ with cord wrapped around the neck.

\_\_\_\_\_\_\_\_ a breech birth.

\_\_\_\_\_\_\_\_ a multiple birth.

\_\_\_\_\_\_\_\_ other complications (Please explain).

Please check what you know or think applies to your prenatal and birth history.

\_\_\_\_\_\_\_\_ I had a twin that did not live. At what point in the pregnancy or post natal time did the twin leave?

\_\_\_\_\_\_\_\_ I was premature. How many weeks?

\_\_\_\_\_\_\_\_ I was in a Neonatal Intensive Care Unit. How long?

\_\_\_\_\_\_\_\_ I was incubated. How long?

Where was your father/2nd parent during your birth?

Were you separated from your mother at birth (sent to the nursery)?

Were you breast-fed? If yes, for how long?

For men: were you circumcised as an infant? How many hours, days, weeks, months or years after your birth?

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

***Tell Us About Your Family***

Did either or both of your parents lose a child to miscarriage, abortion, still birth, or childhood death? If yes, are you aware of how this affected them and you. Give dates and circumstances.

Who raised you? Were your parents your biological parents? Were you raised by a single parent? Were you raised by a same sex couple?

If your parents split up, how old were you? Did you have other major primary caregivers like grandparents, aunts, uncles, guardians or adoptive parents? Were you at any point in the foster care system?

Do you have siblings? List relative ages and nature of your relationship with them as children.

Have you ever lost a child to miscarriage, abortion, stillbirth or death? Have you ever placed a baby for adoption? If yes, please explain circumstances and dates and how this affects you today.

Have you ever been or are you in an abusive relationship? If yes, please state when, what relationship 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?

Have you ever been prescribed medications for mental health reasons: If yes, please describe the circumstances and outcomes with dates.

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

Has anyone in your family ever attempted to committed suicide? Have you ever contemplated or attempted suicide: If yes, please describe the circumstances with dates.

What is your relationship with death? Does it scare you? Do you connect with a sense of peace?

Has anyone close to you ever died? If so, please give the circumstances and dates.

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

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_