***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 \_\_\_\_\_\_\_\_\_

Dad/Second parent Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

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

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

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

***If different:***

Dad/Second parent’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\_\_\_\_\_ Adoption \_\_\_\_\_\_\_\_\_\_\_\_. 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 attitudes and feelings toward baby upon discovering pregnancy?

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

***Please tell us about your pregnancy***

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 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 parents; absence of dad/2nd parent; depression; lack of support from family or friends; financial worries, major moves, divorce or infidelity, etc.). If your child was adopted, please describe the circumstances of the adoption and any birth history that you might know. If there were cultural or religious considerations or stresses please describe.

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

Please describe your labor, how long it was and where it was experienced? If your child was delivered vaginally, how long did you push? Any challenges or interventions? Were there any complications with maternal bleeding or other complications in the time just after birth?

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 vacuum extraction/cranial suction.

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

\_\_\_\_\_\_\_\_ with cord 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?

\_\_\_\_\_\_\_ did your baby require assistance with breathing? How long and by what means? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ 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 the father/2nd parent during the birth?

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

If a boy, was he circumcised? If yes, how long after the birth, was a parent present, and were there any complications?

Please note any interventions or traumatic experiences shortly after birth, as an infant, or in childhood - illnesses, hospitalization, surgeries, accidents, deaths (human or pet), divorce, moves or school challenges, etc.

***Please tell us about your postpartum experience***

Did you breast-fed 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 mother experienced in the first few months after birth.

Vaccinated? If yes, any complications?

Describe nature of parents relationship toward each other 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 provide any additional information that you think we should be aware of.