

Beach Cities Midwifery and Women's Health Care
Laguna Hills - Long Beach - Corona
949-215-7575

Today's Date: _____

Congratulations on your pregnancy and welcome to our practice! Please fill out the following information so that we may anticipate your needs and get to know you better.

Name: _____ Partner's Name: _____

Phone Number: _____ Email: _____

Are you currently pregnant? Yes / No Date of last menstrual period: _____

Estimated Due Date: _____ Your Current Weight: _____ Height: _____

I am interested/planning to birth: at the Birth Center at the Hospital at Home
(LH location only)

Are you currently receiving prenatal care? Yes / No
If so, who is your current care provider? _____

Pregnancy History

Is this your first baby? Yes / No If not, please fill out the following:

How many times have you delivered? _____ Have you ever had a C-Section? Yes No

Did you develop any complications? _____

Are you aware of any current health problems that might make you a high-risk patient?

Please describe briefly your interest in midwifery care:

How did you hear about our practice? Check all that apply.

- Yelp
- Insurance Website
- Current Provider Who? _____
- Internet Search
- Birth Choice Health Clinics Which Site? _____
- Other Referral (circle: doula, friend, birthing class instructor) Who? _____