

*Beach Cities Midwifery and Women's Health Care*  
*Laguna Hills - Long Beach - Corona - Vista*  
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. Should you decide to join our team for care the midwife will go over a more detailed history at your first visit. This will ensure that you continue to be a candidate for care with the midwives and birth center.

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.

- |   |  |
|---|--|
| <input type="radio"/> Yelp/Facebook   | <input type="radio"/> Internet Search              |
| <input type="radio"/> Insurance Website   | <input type="radio"/> Babies in Bloom Birth Center |
| <input type="radio"/> Current Provider  | Who? _____   |
| <input type="radio"/> Other Referral (circle: doula, friend, birthing class instructor) | Who? _____   |