Blue Heron Midwives
30 Dupont Street East, Unit 105
Waterloo, Ontario
N2J2G9

## Client Intake Sheet

All sections marked with a * must be filled in for us to process your intake form

| | |
|---|---|
| ***Name:** As it appears on your health card or government issued ID | ***EDD** (Estimated Due Date): YEAR/MM/DD |
| ***Email address:** | *Do you have an Ontario Health Card (OHIP)? ☐ yes ☐ no |
| ***Phone number:** **(where a message can be left)** | ***First day of last period:** YEAR/MM/DD |
| ***Address:** Including City and Postal Code | Are your periods regular? ☐ yes ☐ no |

**Medical & Obstetric History**

| ***Pre-pregnancy weight:** Specify pounds or Kgs | ***Height:** | BMI: | ***Date of birth:** YEAR/MM/DD |
|---|---|---|---|

***Past or Present Medical Conditions:** Please check all that apply.

☐ Major health conditions or surgeries requiring specialist involvement or medications ☐ Diabetes ☐ Lung problems
☐ High blood pressure ☐ Heart issues ☐ Epilepsy ☐ Kidney disease ☐ Blood clotting issues ☐ Mental health issues

**Provide details of anything that you have checked off**:

☐ None of the above

Please list all medications you are currently taking and for what purpose:

How many times have you been pregnant **including** this pregnancy?

Please provide details of your previous pregnancies and deliveries including any complications:
(*ie: preterm delivery, induction of labour, forceps, vacuum, caesarean or delivery complications*)

| Pregnancy/Delivery Date | Describe |
|---|---|
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|---|---|
| Have you had a midwife before? ☐ yes ☐ no | Have you delivered at home before? ☐ yes ☐ no |
| Are you a repeat Blue Heron Midwives client? ☐ yes ☐ no | Where would you like to deliver: ☐ Home ☐ Grand River Hospital ☐ Undecided |

***Have you had prenatal care yet this pregnancy?** ☐ OB ☐ Family Doctor ☐ Midwife ☐ No care yet

| | |
|---|---|
| Family Doctor/OB: Practice Phone Number: | ***Have you had any of the following done in this pregnancy?** Blood Work ☐ yes ☐ no Ultrasound ☐ yes ☐ no |

How did you hear about Blue Heron Midwives?

The Ministry of Health and Long Term Care collects data who seeks midwifery services. Do we have consent from you to forward your Name, Date of Birth, and Postal Code to the MOH for this data purposes? ☐ yes ☐ no

If you come into our care, would you like your name added to our contact list? ☐ yes ☐ no

Are you interested in learning more about our Connecting Pregnancy Group? ☐ yes ☐ no

**FOR ADMINISTRATION USE ONLY**
**First clinic visit date:** **Date of initial contact:** **Thank you for referral card to:**