

Gemma McGowan

Systematic Kinesiology and Shamanic
Healing Clinic.

Prenatal & Birth Questionnaire

Please take time to answer each question as fully as possible. This will assist me in my work with you and your family.

Please return the completed form to the address below.

The information you give is for use in the therapy sessions, and will be treated with strictest confidence.

Mother's full name

Mother's birth date

Mother's occupation

Father's full name

Father's birth date

Father's occupation

Family relationship (married, partnered, divorced, etc)

Address

Tel:

Email:

Name and Address of GP

Name and Address of Public Health Nurse

Please list the names, ages and birth dates of children in your immediate family. Please indicate which child, will be coming along for therapy sessions.

Where did you hear about this therapy?

What are your reasons for coming along to therapy sessions?

Preconception History

Mum, do you know any details about your own birth (all those years ago!)
(Please include details of any interventions, pain relief, etc)

Is there any history of twins in your family?

Do you have any Health problems?

Dad, do you know any details about your own birth?
(Please include details of any interventions)

Is there any history of twins in your family?

Do you have any Health problems?

Is there a history of any Health problems in your family? If so, what are they?

CONCEPTION HISTORY

Was this pregnancy planned?

If so, how long had you been trying to conceive?

What were your initial reactions/feelings on finding out that you were pregnant?

What were the initial reactions/feelings of your partner?

Have you ever had an abortion or miscarriage in the past?

If yes, please give details, i.e. circumstances, dates, etc.

At the time you became pregnant, did you smoke, drink, use recreational or pharmaceutical drugs? If yes, please give details

What was the attitude of siblings and other family members to the news that you were pregnant?

What was the relationship with your partner at this time?

Are there any other factors of your preconceptual/ conceptual history that you feel are relevant?

Pregnancy

Was this your first pregnancy?

If no, please give details of your previous pregnancy(ies)

This pregnancy:

Did you have any illnesses, disorders (e.g. bleeding), major upsets or stresses during pregnancy? If so, please give details

Birth History

Was this birth a hospital or a home birth?

Was this your choice?

Who was present with you during the birth?

Give details of the birth:

Length of 1st and 2nd stages, induction or not, pain relief used, natural or caesarean birth, was there CTG used. Please give as much detail as you can.

Please give details of any other interventions used, e.g. forceps, ventouse, episiotomy

Please give details of any other birth complications you may have experienced (e.g. premature delivery, breech or other difficult presentation, multiple birth, etc)

How soon after the birth was the umbilical cord cut?

Who cut it?

Please give details of what happened to you and your baby following the birth (e.g. was your baby given straight to you, was he/she taken away for testing/cleaning/weighing, did your baby have its nose and/or mouth suctioned?)

When did you first have physical contact with your baby?

How long was this contact for?

Was your baby taken to the NICU or nursery?

If so, for how long, and why?

Was your baby put in an incubator?

If so, for what reason and for how long?

Please give details of any other interventions, operations or illnesses that either you or your baby had following the birth, including circumcision.

Did you try to establish breast feeding? If not, was this your choice or was there some other reason for not doing so? How easy was establishing breast-feeding? How long did you/are you planning on breast-feeding for?

Are you combination feeding? If so please give reasons and details.

I _____ consent to have my child examined and treated by Gemma McGowan, Systematic Kinesiologist DIP ASK.

Please Sign here

Date: