

## About Connections with Mary & Ray

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### CHILD INTAKE FORM

Today's Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Birth/due date \_\_\_\_\_ Age \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parents Are: Married \_\_\_\_\_ Unmarried \_\_\_\_\_ Live together \_\_\_\_\_ Live separately \_\_\_\_\_

Family Contact Information (or mother's if parents live separately)

\_\_\_\_\_  
street address city zip

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Skype name: \_\_\_\_\_

Father's Contact Information (only if different from mother's info)

\_\_\_\_\_  
street address city zip

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Skype name: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Current physical, developmental, or academic challenges for child:

Current emotional/relationship challenges for child:

Primary concerns of parents, intention in coming for sessions:

## Conception

Was baby planned? \_\_\_\_\_ Wanted? \_\_\_\_\_

Conception: Normal \_\_\_\_\_ In-vitro \_\_\_\_\_ Insemination \_\_\_\_\_ Other \_\_\_\_\_

If any stress occurred around ability to, or intention conceive or not, please describe:

If known, was the baby conceived while either parent was using alcohol or drugs?

## Discovery

Mom and dad's attitude toward baby upon discovering pregnancy:

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

## Pregnancy

Mom's health (or health challenges & medications taken), and diet and exercise during pregnancy and attitude toward developing child.

Dad's attitude toward developing child and support (or lack of support) of mom:

Nature of support system in larger community and attitude of these people toward pregnancy (e.g. parents, friends, etc.)

Nature of parents' relationship with each other and as parents to be:

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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 a time during pregnancy?

Describe any stresses during pregnancy (e.g., illness or death of friend, parent; strained relationship between mom and dad; absence of dad; depression, lack of support from family or friends, financial worries, major moves, etc.)

Did either parent lose a child to miscarriage, abortion, or early death prior to this pregnancy? \_\_\_\_ If yes, please give circumstances and dates, age of fetus or child at time of loss. How did this affect this pregnancy?

### **Birth**

Birth location \_\_\_\_\_ Midwife or OB's name \_\_\_\_\_

Father's role at the birth:

Other support people at labor or birth:

Drugs used during pregnancy or labor (for prolonging pregnancy, for inducing, for anesthesia, epidurals): Give reason for use.

Labor/Birth interventions: Induction? \_\_\_\_ Forceps? \_\_\_\_ Vacuum extraction? \_\_\_\_ C-Section? \_\_\_\_ [Planned or emergency and why?] Please describe your experience.

Episiotomy? \_\_\_\_ Tear? \_\_\_\_ Birth Weight \_\_\_\_\_ APGAR Scores \_\_\_\_\_

Other birth complications:

### First Hour/Day(s) After Birth

Where was your baby the first hour after birth? (With mom? Had nursing started? Separated for washing, measuring, testing, intubation? If separated, how long?)

First day, was baby with mom or dad most of the time? \_\_\_\_  
If not, describe where and why

NICU? \_\_\_\_\_ (if yes, how long, reason for NICU, procedures used)

### Postpartum

Did you/are you nursing? \_\_\_\_ How long? \_\_\_\_\_ Any difficulties, complications?

Describe support (or lack of) you had first few months after birth.

Describe nature of father's relationship to child & mom during first weeks, years.

Postpartum, childhood health complications, illnesses for baby or mom including postpartum depression:

If boy, was he circumcised? \_\_\_\_ If yes, any complications? \_\_\_\_

Vaccinated? \_\_\_\_ If yes, any complications?

### Other Relationships

Siblings: Please list ages, names and nature of relationships. Include children from prior relationships.

Please list other caregivers important to the child during first year or present time: