

# calmbirth® Childbirth Education Classes

## Registration Form

Date of classes:

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_

Partner's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ P/ Code \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation (Mother) \_\_\_\_\_ (Partner) \_\_\_\_\_

Health Fund \_\_\_\_\_

General Health \_\_\_\_\_

Do either of you have any irrational fears or phobias. E.g. water, heights \_\_\_\_\_

\*Are you currently being treated for any physical or psychological issues \_\_\_\_\_

Is this the birth of your \_\_\_\_\_ 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ child? (Please circle)

Due date \_\_\_\_\_ Name of Doctor \_\_\_\_\_

Hospital \_\_\_\_\_

How did you hear about calmbirth® Classes? \_\_\_\_\_

What are your feelings about the birth prior to commencement of the Calmbirth® class? \_\_\_\_\_

What kind of birth would you like to achieve? \_\_\_\_\_

Is there any specific fear you have regarding the birth or becoming a parent? \_\_\_\_\_

If you have a special place in nature where is it? E.g. Beach, mountains. \_\_\_\_\_

Hobbies or Interests \_\_\_\_\_

*Disclaimer: The Calmbirth® class program includes psychological & emotional preparation for birth. I understand that the delivery of the course will include guided relaxation as a means to facilitate emotional subconscious healing of fear and anxiety about childbirth.*

Yes

\*If you are under the care of a psychologist or psychiatrist please provide a letter of approval for you to attend the Calmbirth® course.