

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.