Antenatal Intake & Booking Form

Thank you for choosing Best Beginnings Midwifery to support you through pregnancy and early parenting. Please complete this form electronically, save it, and email it back to us so we can tailor your care to your individual needs and preferences.

Personal Details

Full Name

Preferred Name | **Date of Birth**

Address

Suburb | **Postcode**

Mobile Number | **Email Address**

Preferred Contact Method ☐ Phone ☐ SMS ☐ Email

Occupation

Support Person / Partner Name

Emergency Contact Name

Relationship to You

Emergency Contact Number

Pregnancy Information

Estimated Due Date (EDD) _____ **Current Gestation** _____

First Pregnancy? ☐ Yes ☐ No

If no, number of previous pregnancies _____

Previous Births ☐ Vaginal Birth ☐ Caesarean Birth ☐ Assisted Birth

Any previous pregnancy or birth complications? ☐ No ☐ Yes

If yes, please specify

Current pregnancy concerns or complications

Medical Information

Blood Group / Type _____ **Known Allergies** _____

Current medications / supplements

Relevant medical history

Mental health history - if comfortable sharing

Care Providers

Hospital Booked

Current Model of Care

- ☐ Private Obstetrician
- ☐ Public Hospital Care
- ☐ GP Shared Care
- ☐ Shared Care
- ☐ Midwifery Group Practice
- ☐ Other

Other - please specify

Obstetrician / Doctor Name

Regular GP

Medicare & Health Fund Details

Medicare Number

Reference Number

Expiry Date

Private Health Insurance - if applicable

Health Fund

Membership Number

Level of Cover - if known

Best Beginnings Services Requested

Which services are you interested in?

- ☐ Antenatal Education Classes
- ☐ Birth Preparation
- ☐ Postnatal Home Visits
- ☐ Breastfeeding Support
- ☐ Early Parenting Support
- ☐ Just for Dads Session
- ☐ Newborn Care Education
- ☐ Phone Support
- ☐ Counselling / Mental Health Support
- ☐ Other

Other - please specify

Postnatal Support

Would you like information regarding postnatal support after birth?

- ☐ Yes
- ☐ No
- ☐ Unsure - would like to discuss further

Areas you feel you may need support with:

- ☐ Feeding
- ☐ Sleep & Settling
- ☐ Transition to Parenthood
- ☐ Maternal Wellbeing
- ☐ Confidence with Baby Care
- ☐ Emotional Support
- ☐ Recovery After Birth
- ☐ Other

Other - please specify

Any particular postnatal wishes or concerns?

Your Antenatal Wishes & Goals

What are you hoping to gain from Best Beginnings Midwifery?

- [ ] Education & Preparation
- [ ] Emotional Support
- [ ] Continuity & Familiarity
- [ ] Confidence for Birth & Parenting
- [ ] Practical Parenting Skills
- [ ] Breastfeeding Guidance
- [ ] Birth Debriefing / Processing - including trauma
- [ ] Flexible Support
- [ ] A Safe Space to Ask Questions

Please tell us what matters most to you during this pregnancy and early parenting journey

Birth Preferences & Parenting Thoughts

Have you thought about your ideal birth environment or preferences?

What are your biggest hopes or fears about birth or parenting?

Additional Information

Is there anything else you would like us to know?

Consent

- [ ] I consent to Best Beginnings Midwifery collecting and securely storing my personal and health information for the purpose of providing maternity care and related services.
- [ ] I understand that Best Beginnings Midwifery services may include communication via phone, SMS and email.

Electronic Signature **Date**

By typing your name above and returning this form electronically, you are confirming that the information provided is true and correct to the best of your knowledge.

Best Beginnings Midwifery

www.bestbeginningsmidwifery.com.au

"Preparing for the most important job you will ever have."