

Becca Hart, MA, LPC
Soul Song Counseling, PLLC
www.findyoursoulsong.com
becca@findyoursoulsong.com
303.217.3688

PERINATAL INTAKE FORM

Do you have a history of physical, emotional and/or sexual trauma? If so, please describe below.
*This may also include a traumatic experience with pregnancy, delivery, breastfeeding, or other childbearing or infant complications.

Have you experienced previous pregnancy or infant loss? If so, please describe below. What other losses have impacted you greatly?

Have you or are you currently experiencing any thoughts or feelings that worry you? If so, please describe below.

Have you are or you currently experiencing any thoughts that are scary to you about yourself or about your baby? If so, please describe below.

Do you have a mental health history incl. depression, anxiety, panic, eating disorder, OCD, bipolar disorder, psychotic disorder/episode, and/or a substance abuse history? If so, please describe below including any treatment you received?

*This may also be specific mental health symptoms you experienced during past prenatal and/or postpartum time periods.

Have you been treated with medication in the past/present related to your mental health? If so, please describe below?

* Include names of medication(s), dates you have started and/or stopped medication(s), and name of prescribing doctor(s).

Is there a mental health and/or substance abuse history in your family? If so, please include any relatives on both maternal and paternal sides.

* Please also include if any of this history has been specific to the prenatal and/or postpartum time periods for family members.

Have you been diagnosed and/or believe you may suffer from Pre- Menstrual Dysphoric Disorder (PMDD)? If so, please describe below.

*Symptoms include extreme sadness, hopelessness, irritability, or anger, plus common PMS symptoms such as breast tenderness and bloating.

Have you experienced significant mood reactions to hormonal changes triggered by puberty as a child/adolescent, PMS, hormonal birth control or other? If so, please describe below.

Do you see yourself or do others perceive you as a superwoman or perfectionist, or having perfectionism-like characteristics incl. setting high standards, critical self-evaluations, concerns regarding others evaluations of you, etc? If so, please describe below.

Who or what are your social and/or emotional support system(s) during your pregnancy? If support is lacking, please explain what factors contribute to the limited support you have.

Does your spouse/partner have a mental health history incl. depression, anxiety, panic, eating disorder, OCD, bipolar disorder, psychotic disorder/episode and/or substance abuse history no matter how long ago? If so, please describe his/her history below.

Do you experience climate stressors (seasonal depression or elevated mood) or have you ever been diagnosed and/or have self-diagnosed yourself with SAD (seasonal affective disorder)? If so, please describe below.

Do you have a history (past or present) of any of the following?

Please circle all that are applicable:

Thyroid or pituitary imbalance

Endocrine disorders

Decreased fertility

Diabetes (pre pregnancy/not gestational)

Pain management problems

Anemia

Sleep Problems

Other medical conditions:

Are you currently under the care of a OB/GYN physician? If so, please list physician name/practice:

What else can you think of that you that I did not ask about but you would like for me to know?

Please check off all that apply:

It's hard for me to ask for help.

My mother is deceased.

I didn't plan of becoming pregnant so soon, wasn't ready, but I do want this baby.

I have overwhelming decisions to make around my career, returning to work, childcare, etc.

My relationship with my mother can be described as "complicated."

There are cultural stressors affecting my mood.

I became pregnant and do not really want this baby.

I don't have the money, food, or housing I need right now to support a baby.

My spouse/partner and I are arguing and/or having problems.