

**General Info:**

Client Name: \_\_\_\_\_

Ph: \_\_\_\_\_

Date: \_\_\_\_\_

Who referred you to Bodies for Birth ? \_\_\_\_\_

Time frame Postpartum: \_\_\_\_\_

Provider: \_\_\_\_\_

**GOALS**

What is your primary goal or reason for embarking on this program?

---

---

**EXERCISE HABITS**

In the last 4 weeks, how many days per week have you exercised? What activities?

---

---

In order to reach your health and fitness goals, how many days per week are you intending to exercise?

---

---

What time is allotted for fitness?

---

---

In the past, what kinds of activities have been the most fun for you?

---

---

**MEDICAL HISTORY**

Do you have any aches and pains anywhere in your body? YES or NO

What are they and when do they occur? What makes them better or worse?

---

---

Do you have any existing medical conditions? YES or NO

What are they?

---

---

Do you take any medications (even over the counter)? YES or NO

What for?

---

---

Have you ever had surgery? YES or NO

What for? When?

---

---

**LIFESTYLE, DIET, ENVIRONMENT & TOXIC BURDEN:**

How do you spend your days? Work? School? At-home etc. How do you use your body in daily life ie: seated at a desk, chasing after kiddos, on your feet for work, heavy lifting etc.

---

---

What time do you typically fall asleep at night, and rise in the morning? Do you ever have restless sleep?

---

---

How many days per week do you make time for mind-clearing relaxation? What activity?

---

---

## Bodies for Birth Postpartum Intake

Do you eat unprocessed whole foods (vegetables, fruits, meats, nuts) free from pesticides, hormones, antibiotics, and other chemical additives 80% of the time?

---

---

How much water (not including other liquids) do you drink every day?

---

---

### **SUPPORT & NOURISHMENT:**

What resources are available to help you meet your current health and wellness goals?

---

---

What support is in place?

---

---

### **Labor & Delivery Specifics:**

#### **PHYSICAL HEALING:**

Did you have a c-section? If yes was the c-section planned or did you go into labor?

---

---

Did the doctor use a vacuum or forceps for the delivery?

---

---

Did you have an episiotomy?

---

---

Did you tear?

---

---

Have you stopped bleeding?

---

---

**MIND-BODY CONNECTION:**

Did you have inducing drugs, like Pitocin during your labor and delivery?

---

---

How long was your labor?

---

---

How long was your pushing time?

---

---

**MENTAL-EMOTIONAL OUTLOOK:**

Did you have an epidural during your labor and delivery?

---

---

Did you have the birth experience you hoped for?

---

---

**GOALS & CONCERNS:**

Do you have any specific goals for physical recovery/rehab/training?

---

---

Do you have any specific concerns about which I should know?

---

---