

# Birth *without* Fear

make check payable to: **Julie Parache**  
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## REGISTRATION FORM

Name

Address

Home Phone

Alternate Phone:

Email address:

Is email a reliable way to reach you?

Due date

Care Provider

Where you plan to deliver your baby

The questions below will help me to better understand the participants in the class and tailor my instruction to address specific issues and concerns. I realize that some questions may feel personal, but please answer as honestly as you can.

1. Is this your first baby? If not, please briefly describe your other birth(s).

2. How would you describe your overall health? *Great, Good, Fair, Poor*

3. Do you have any medical or health conditions I should be aware of?

4. Do you exercise regularly?

5. How would you describe your eating habits? *Great, Good, Fair, Poor*

6. Do you smoke?

7. Are you concerned about gaining weight?

8. How would you describe your salt intake?

9. Are you planning to breastfeed your baby?

10. Do you have fears about your pregnancy or birth?

11. How does your partner feel about attending childbirth classes?

12. How do you feel about attending childbirth classes?

13. What do you hope to experience from this birth?