Seabird Island Health and Stó:lō Service Agency

Temelíle Midwifery Intake Form

Please email completed form to midwives@seabirdisland.ca

Date of Intake request: dd/mm/yy

First Name: Middle Name: Last Name:

Date of Birth: dd/mm/yy Given / Maiden name on your birth certificate: ☐ Same as above

Personal Health Number: Height: Weight:

Street Address:

Province:

Postal Code:

Do you identify as Indigenous? If yes, what community are you registered to?

Client status number (if applicable):

Partner's Name:

Does your partner identify as Indigenous? If yes, what community are they registered to?

Partner status number (if applicable):

Do you live on or off reserve (if applicable)? ☐ On Reserve ☐ Off Reserve

If you live on reserve, what community do you live in?

How many times have you been pregnant, including this pregnancy?

How many babies have you given birth to? Have you had any miscarriages or pregnancy losses?

Vaginal: C-Section:

Have you ever had a caesarean section (c-section)? If so, Please give details such as date, any complications, number of caesarean sections etc:

What was the first day of your last menstrual period?
dd/mm/yy ☐ Unknown

How often do you have a period? (typical is every 28 days)

Have you had an ultrasound in this pregnancy?
If yes, date: dd/mm/yy Midwife / Family Doctor's name:

Have you been seen by a physician or midwife in this pregnancy? ☐ Yes ☐ No
If yes, Midwife or Physician's name:

Do you have any health issues? ☐ Yes ☐ No
If yes, please give detail(s):

How did you hear about our team?

Contact Information

Cell:
Home:
Work:
Email:

What is the best way to reach you?

☐ Text
☐ Phone
☐ Email
☐ Family:

Are your periods regular? ☐ Yes ☐ No

When is your baby due?
dd/mm/yy ☐ Unsure of expected due date