



## Prenatal Education Registration Form

### **PERSONAL INFORMATION: PLEASE PRINT CLEARLY**

**Expectant Mother's Name** \_\_\_\_\_ **Date of Birth (D/M/Yr)** \_\_\_/\_\_\_/\_\_\_

**Occupation** \_\_\_\_\_ **Family Cultural Background** \_\_\_\_\_

**Expectant Father's/Support Person's Name:** \_\_\_\_\_ **Date of Birth (D/M/Yr)** \_\_\_/\_\_\_/\_\_\_

**Occupation** \_\_\_\_\_ **Family Cultural Background** \_\_\_\_\_

**Address:** \_\_\_\_\_

Postal Code \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Home** \_\_\_\_\_ **Business** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Family Doctor/ Midwife** \_\_\_\_\_ **Obstetrician** \_\_\_\_\_

**Number of Family Members Residing in Same Household?** \_\_\_\_\_ **Health Concern of Either Parent?** \_\_\_\_\_

### **Prenatal Information and History**

**Gravida (# of pregnancies):** \_\_\_\_\_ **# of Vaginal Births:** \_\_\_\_\_ **# of Miscarriages:** \_\_\_\_\_

**Para (# of live births)** \_\_\_\_\_ **# of Ceasarean Births:** \_\_\_\_\_ **# of Abortions:** \_\_\_\_\_

**# of Children:** \_\_\_\_\_ **Complications During This Pregnancy?** \_\_\_\_\_

Have you ever had a sexually transmitted infection or pelvic inflammatory disease?  YES  NO

List any gynecologic procedures / surgeries you have had: \_\_\_\_\_

**Current Health Concerns?** \_\_\_\_\_

Have you noticed any breast changes during your pregnancy?  Yes Describe? \_\_\_\_\_  No

**Infant Feeding Method Preferred:**  Breastfeeding  Formula Feeding  Breast Milk Feeding (breast milk given via cup or bottle)

Partial Breastfeeding/ Partial Formula  Undecided

How did your mother feed you as an infant?  Breastfeeding How long? \_\_\_\_\_  Formula  Other \_\_\_\_\_

Do you desire pain medication during your labour?  Yes (Specify what if known) \_\_\_\_\_  No

What family member/ friend will be your greatest support after birth? \_\_\_\_\_

Indicate which of the following people you have already consulted about your prenatal experience:

Family Member  Friend Who Has Breastfed  Hospital Breastfeeding Clinic  Community Health Nurse

Family Doctor  Nurse— Family Practice Team  Midwife  Doula  Chiropractor  Massage Therapist

Community Breastfeeding Support Group  Nurse Practitioner  Naturopathic Doctor  Other \_\_\_\_\_

## Social History

Are you?  Married  Single  Divorced  Separated  Widowed  Significant Other

Highest level of education:  College/University  High School  Other \_\_\_\_\_

Do you smoke?  YES If yes  Less than 1 Pack/Day  More than 1 Pack /Day  Other \_\_\_\_\_  No, I don't smoke

How long have you smoked? \_\_\_\_\_ Do you drink?  YES  NO If yes # of drinks per day \_\_\_\_\_

Do you get regular exercise?  YES  NO If yes, how often? \_\_\_\_\_

Do you have any dietary restrictions?  YES  NO \_\_\_\_\_

Do you feel safe at home?  YES  NO Do you want to discuss abuse?  YES  NO

Are any of your immediate family members suffering a significant medical condition?

\_\_\_\_\_

\_\_\_\_\_

Current Medications? \_\_\_\_\_

\_\_\_\_\_

**Referred By:**  Physician  Midwife  Family Member  Pamphlet  Ad in Newspaper  Community Health Nurse  Hospital

Phone Book  Internet Search  Friend  Retail Outlet  Current Client Who? \_\_\_\_\_

Naturopathic Doctor  Chiropractor  Community Organization  Other: Specify \_\_\_\_\_

Privacy of your personal information is an important part of our clinic. We are committed to collecting, using and disclosing your personal information responsibly. All staff members are aware of the sensitive nature of the information that you have disclosed to us and are trained in the appropriate use and protection of your information. We promise that only necessary information is collected about you and we only share your information with your consent. The Institute for Parent and Infant Care operated by IPIC Education and Counselling Services will be the health information custodian of your patient file. Our storage retention and destruction of your personal information complies with existing legislation with the College of Nurses of Ontario (CNO)

This clinic will collect, use and disclose your information for the following purposes:

- To assess your health concerns and provide the appropriate prenatal education
- To establish and maintain contact with you, or send newsletters
- To communicate with other health-care providers only with your written consent
- To allow us to efficiently follow-up for further treatment, care, education and billing
- To invoice for goods and services and to process credit card payments

## INFORMED CONSENT FOR PRENATAL EDUCATION

This is to acknowledge and declare that I understand that:

- My education and care at the **Institute for Parent and Infant Care** will include the assessment of the whole person, taking into consideration physical, mental, emotional, spiritual and environmental factors, all of which play a role in an individuals' health. Gentle, non-invasive modalities of education and care are employed to promote wholeness and healing capacity.
- As an education client of the **Institute for Parent and Infant Care**, I hereby acknowledge that I am willing to provide the nurse educator with the information necessary for her to fully understand my educational and health goals which I wish to achieve in our work together.
- Any education or advice provided to me as a client of Carol L. Hamilton RN, CPIC, BScN, MDiv is not mutually exclusive from any treatment or advice that I may now be receiving or may in the future receive from another licensed health care practitioner.
- I have the option to seek or continue conventional medical care from a conventional medical doctor. Carol L. Hamilton, Nurse Educator will not suggest to me to refrain from seeking or following conventional medical treatment.

## Prenatal Education (In Clinic) Form

- I recognize that even the gentlest forms of treatment potentially have their risks and complications. The risks associated with nursing interventions recommended during these education sessions include, but are not limited to, aggravation of pre-existing symptoms, allergic reactions to supplements, creams or herbs or interactions with prescription medications.
- With this knowledge, I voluntarily consent to participate in this Prenatal Education Program and I intend for this consent form to cover the entire course. I understand that I am free to withdraw my consent at any time.
- In the event of a medical emergency, I am advised to seek conventional medical care at a hospital.
- I agree to pay a \$50.00 deposit to register for my Prenatal Education Course and will pay the outstanding amount due on the first day of the agreed upon training date.

### Private Prenatal Education (In Clinic) - Complete Course ( 4 Hours)

- Two Weekday Evenings (7:00 PM—9:00 PM) Dates: \_\_\_\_\_ (1st)  
\_\_\_\_\_ (2nd)
- Saturday (10:00 AM to 2:00 PM) Date: \_\_\_\_\_

Education Fee: **\$150.00**     Paid deposit of \$50.00     Paid Balance due of \$100.00

### Private Prenatal Education (In Clinic) - Minimum 2 hour session

- Weekday Evening (7:00 PM to 9:00 PM) Date: \_\_\_\_\_
- Saturday (10:00 AM—12:00 Noon) Date: \_\_\_\_\_
- Saturday (12:00 Noon to 2:00 PM) Date: \_\_\_\_\_

Education Fee: **\$180.00**     Paid deposit of \$50.00     Paid Balance due of \$130.00

Please make cheque payable to: **IPIC EDUCATION AND COUNSELLING SERVICES**

Payments may also be made by Visa or MasterCard by calling (519) 272-0441 or 1-800-574-2742

Education fees include handouts, rental of DVD's and extensive course materials, sample products and a free gift.

By signing this form you have agreed that you have given your informed consent for the Prenatal Education Program as listed above and to the collection, use and/or disclosure of your personal information.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Expectant Mother's Signature: \_\_\_\_\_

Expectant Father's/ Support Person's Signature: \_\_\_\_\_

Nurse Educator's Signature: \_\_\_\_\_

## Prenatal Education (In Home) Form

- I recognize that even the gentlest forms of treatment potentially have their risks and complications. The risks associated with nursing interventions recommended during these education sessions include, but are not limited to, aggravation of pre-existing symptoms, allergic reactions to supplements, creams or herbs or interactions with prescription medications.
- With this knowledge, I voluntarily consent to participate in this Prenatal Education Program and I intend for this consent form to cover the entire course. I understand that I am free to withdraw my consent at any time.
- In the event of a medical emergency, I am advised to seek conventional medical care at a hospital.
- I agree to pay a \$50.00 deposit to register for my Prenatal Education Course and will pay the outstanding amount due on the first day of the agreed upon training date.

### Private Prenatal Education (In Home) - Complete Course ( 4 Hours)

Two Weekday Evenings (7:00 PM—9:00 PM) Dates: \_\_\_\_\_ (1st)  
\_\_\_\_\_ (2nd)

Saturday (10:00 AM to 2:00 PM) Date: \_\_\_\_\_

**Education Fee: \$170.00**       Paid deposit of \$50.00       Paid Balance due of \$120.00 (plus mileage of \$.40/km)

### Private Prenatal Education (In Home) - Minimum 2 hour session

Weekday Evening (7:00 PM to 9:00 PM) Date: \_\_\_\_\_  
 Saturday (10:00 AM—12:00 Noon) Date: \_\_\_\_\_  
 Saturday (12:00 Noon to 2:00 PM) Date: \_\_\_\_\_

**Education Fee: \$200.00**       Paid deposit of \$50.00       Paid Balance due of \$150.00 (plus mileage of \$.40/km)

**Please make cheque payable to:      IPIC EDUCATION AND COUNSELLING SERVICES**

**Payments may also be made by Visa or MasterCard by calling (519) 272-0441 or 1-800-574-2742**

**Education fees include handouts, rental of DVD's and extensive course materials, sample products and a free gift.**

**By signing this form you have agreed that you have given your informed consent for the Prenatal Education Program as listed above and to the collection, use and/or disclosure of your personal information.**

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Expectant Mother's Signature: \_\_\_\_\_

Expectant Father's/ Support Person's Signature: \_\_\_\_\_

Nurse Educator's Signature: \_\_\_\_\_