**Relaxing into Parenting and Baby Makes 3**

**Intake Assessment Form**

*All information is confidential and will only be used for the purposes of planning the group, to assist us to identify resources to support you throughout and following the group:*

**TYPE ANSWERS PLEASE**

***About you***

**Name** **Age**

First name       Last name

Address

Suburb       State       Postcode

Email address

Phone number/s

Profession/work

***About your partner/support person***

**Name       Age**

Relationship to you

Email address

Phone number/s

Profession/work

***About your pregnancy***

**Due date**

Prenatal care provided by:

General Practitioner Midwife Obstetrician

Where do you plan to give birth?

Is this your first pregnancy Yes No *If no, are you able to tell us about your previous pregnancy/ies*?

Is this pregnancy Planned Unplanned? Assisted conception

***General health***

Physical health – do you or your partner/support person have any special needs?

Dietary requirements – do you or your partner/support person have any diagnosed allergies or religious dietary requirements?

Emotional health – do you or your partner/support person currently have anxiety or depression?

Yes No *If yes, is it being managed or are you seeing a practitioner for professional support?*

***Your social support networks***

We are interested in who is going to support you in your early journey into parenting:

Primary Support person/people

Family

Friends

Who is the primary carer in the early life of your baby?

What are both your work plans after the birth of your baby?

***Your relationship***

How long have you been together?

How have things been going up until now?

What are you hoping to get out of this group? *Your goals, intentions, hopes*?

How did you find out about the group?

**PLEASE RETURN YOUR COMPLETED INTAKE TO** [groups@racr.org.au](mailto:groups@racr.org.au)

**This group is an opportunity to practice what it’s like being a parent, such as re-prioritizing other commitments (including work) and valuing the group to ensure you can attend every session.** Please sign in the blank space below: “*We understand the importance of continuity in our learning process and are committed to attending every session of the group.”*