

LAMAZE QUESTIONNAIRE

Last Name: _____ First: _____

DOB: _____ Occupation: _____

Coach: _____ Relationship: _____

Due Date: _____

Physician: _____

Hospital: _____

Complications: _____

Special Diet: _____

Wt.Gain: _____

Exercise Program: _____

Will you Breastfeed? Y or N

First Pregnancy? Y or N

Do you plan to return to work? Y or N

Who will provide childcare? _____

What do you hope to gain from these classes? _____

Do you have any special concerns? _____

What are you most insecure about (ie: Pregnancy, Labor, Birth)? _____

Are you interested in taking the Infant/Child CPR class? Y or N