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**Prenatal Questionnaire**

**Name**

**Today's Date**

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**Address**

**Telephone Numbers**

**Conception Date**

**Expected Due Date**

**Medical Care Providers Name**

**Chosen place for childbirth**

**Chosen guests for childbirth**

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**Previous History with ALL Pregnancies and Dates**

**Prior Pregnancy and Childbirth Experiences including losses or terminations? Please describe in as much detail as you wish on the back.**

**How did you experience post-partum? If this is a first pregnancy, what do you expect post-partum to be like?**

**What are your feelings about being pregnant?**

**What is the hardest about being pregnant right now? What is the best about being pregnant?**

**What do the women in your family tell you about pregnancy?**

**What do the women in your family tell you about childbirth?**

**Are there any phrases you've heard about women, pregnancy, childbirth, and postpartum that stick in your mind?**

**Describe how you feel in your body with being pregnant.**

**Have you had any dreams during this pregnancy?**

**Have your emotions changed during the pregnancy? If so, how?**

**What are your worst fears and worries right now?**

**Do you have any medical concerns?**

**Have you taken a childbirth education class? What type and with whom?**

**What thoughts do you have about the personality of this baby? Do you think it is a boy or a girl?**

**How do you expect you will adjust to having an infant in your life?**

**What thoughts does your partner have about the personality of the baby?**

**How do you think your partner is adjusting to the pregnancy?**

**How will your partner adjust to post-partum?**

**How would you rate the support from your partner, family and friends on a scale from 1-10 (10=high)?**

**If there is anything else you think I should know please feel free to use the back of this page-- including any special circumstances, concerns, questions, or goals for your therapy.**