**Womb Surround Process Workshop Form**

**Workshop date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Return via email to eileensendrey@mac.com

Today’s Date:

Name:

Pronouns:

Birth date:

Age:

Address:

Phone:

Email:

Emergency Contact:

Who referred you?

Profession (or past profession(s) for full time at-home parent or retirees):

Are you currently pregnant? Yes \_\_\_\_ No \_\_\_\_ If so, when are you due?

What is your intention for doing session(s)?

Some of the session activities involve physical exertion. Do you have any medical conditions that would contraindicate involvement in any activity? If yes, please explain

Do you have any area of your body that needs special consideration?

Are you presently taking any medications or drugs?  
(Please list name of medication, and for what condition you are taking it).

Are you presently using any recreational drugs, alcohol, or nicotine? (Please list amount per day / week).

What kinds of psychological or bodywork therapy have you experienced and for what period of time?

Are you in therapy or have regular bodywork? If yes, with whom? Does this person have pre- and perinatal facilitation skills?

List other physicians or health care practitioners you are being treated by.

Please check what you know or think applies to your own birth history:

\_\_\_\_\_ drugs to prolong pregnancy

\_\_\_\_\_ an un-medicated vaginal birth in a hospital

\_\_\_\_\_ an un-medicated vaginal birth at home

\_\_\_\_\_ an anesthesia birth (epidural, spinal block, general anesthesia, etc)

\_\_\_\_\_ induction

\_\_\_\_\_ with forceps

\_\_\_\_\_ with vacuum extraction

\_\_\_\_\_ with fetal heart monitor

\_\_\_\_\_ c-section (planned or emergency?)

\_\_\_\_\_ breech

\_\_\_\_\_ a multiple birth

\_\_\_\_\_ other birth complications, please explain.

\_\_\_\_\_ I was premature. How many weeks?

\_\_\_\_\_ I was in a Neonatal Intensive Care Unit. How long?

\_\_\_\_\_ I was incubated. How long?

\_\_\_\_\_ I had a twin that did not live. When in the pregnancy or after did the twin leave?

Where was your non-gestational parent/father during your birth?

Were you separated from you mother at birth (sent to a nursery)?

Were you breast-fed? If yes, how long?

Were you circumcised?

Please note any interventions shortly after birth such as hospitalization for illness or high jaundice, operations, illnesses as an infant or a child.

Did your parents lose another child to miscarriage, abortion, stillbirth, or childhood death? If yes, are you aware of how this affected you? Give dates and circumstances.

Who raised you? Were your parents your biological parents? Where you raised by a single parent? If your parents split up, how old were you? Did you have other major primary care givers like grandparents, aunt and uncles, guardians or adoptive parents?

Do you or did you have siblings? List relative ages & nature of relationships as children.

Please relate any other information you know concerning your conception, your parents’ attitude toward having you (planned, unplanned, wanted, confused, unwanted). If unwanted, did they consider or attempt abortion?

What do you know about your life in the womb including physical effects (maternal or paternal smoking, drinking, drugs, mom’s diet), and emotional effects including absence or presence of non-gestational parent/father during pregnancy or birth, parents’ relationship with each other during your pregnancy, siblings’ attitude toward your birth. If you are adopted, give information about transition in hospital and new family as well as any birth history known.

Describe any other challenges later in childhood that would help me understand family dynamics for you growing up.

Have you ever lost a child to miscarriage, abortion, stillbirth, or death?  
If yes, please explain circumstances and dates and how this affects you today.

Have you ever been or are you in an abusive relationship?  
If yes, please state when, what relation the person was or is to you, whether the abuse was or is physical, sexual, and/or emotional. If a past relationship, what action did you take? If present, what are you doing about it? Please give details.

Have you ever been prescribed medications for mental health reason? If yes, please describe the circumstances and outcomes with dates.

Have you ever been hospitalized for mental health reasons?  
If yes, please describe the circumstances and outcomes with dates.

Has anyone in your family ever attempted or committed suicide? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe your relationship to them and the circumstances with dates.

Have you ever contemplated or attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_ If yes please describe the circumstances with dates.

Many of the questions are intensely personal. Your responses will be kept completely confidential. Filling out this information form actually begins the work of the session. If you are uncomfortable about responding to any of the questions please email or telephone me to discuss this.

I agree to the following (please initial each and sign at the bottom):

**\_\_\_\_\_\_** To allow my contact information (name, address, phone number, email, and birth date) to be shared with other participants in this workshop prior to the workshop, or to send an email within two weeks of signing up for the workshop specifying what contact information I do not want shared.

**\_\_\_\_\_\_** Take responsibility for my well-being during and after the workshop.

**\_\_\_\_\_\_** Be in good physical, emotional and mental condition and able to participate in the regularly scheduled activities of the workshop.

**\_\_\_\_\_\_** Maintain confidentiality about what takes place in the workshop.

**\_\_\_\_\_\_** Attend all scheduled days, arriving on time at the beginning and after lunch breaks, and leaving at the end of the day after the workshop is complete. If flying in, I will plan to arrive at least two hours early in case of airline delays.

**\_\_\_\_\_\_** Pay all fees including cancellation fees.

**\_\_\_\_\_\_** Abstain from alcohol, recreational drugs and nicotine from the day before the workshop until the completion of the workshop including breaks and evenings.

**\_\_\_\_\_\_** Not use perfume or aromatherapy or strongly scented shampoos.

Signature:Date: