

**A Baby's Breath  
Client Intake Form**



To allow us to better serve you, please fill out the following information to the best of your ability. If you require help filling this form out, please let us know. All information is kept in strict confidence.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Services Interested In**

- GED Training                       Pregnancy Counseling                       Parenting Classes  
 Prenatal Classes                       Pregnancy Testing                       Other \_\_\_\_\_

**Occupation** \_\_\_\_\_  full-time     part-time     on-call     seasonal

**Education Level**

- High School Diploma     GED     Did not complete  
 College     Some     Associates Degree     Full Degree     Did not complete  
 Trade, Diploma or Certificate Program (Please check all that apply and list program type.)  
 Trade \_\_\_\_\_     Diploma \_\_\_\_\_     Certificate \_\_\_\_\_

**Marital Status**  Single     Married     Divorced     Separated     Widowed     Engaged  
 Spouse's Full Name \_\_\_\_\_ Birth Father's Full Name \_\_\_\_\_

**Due Date** \_\_\_\_\_

**Family Status**

Spouse/Birth Father involved?  Yes     No    Family/Spouse aware of pregnancy?  Yes     No  
 Support System \_\_\_\_\_  
 # of births \_\_\_\_\_ # of abortions \_\_\_\_\_ # of miscarriages \_\_\_\_\_

Children:

Child's Name	Sex	Birth Date	Child's Name	Sex	Birth Date
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> M <input type="checkbox"/> F	

**Religious affiliation** \_\_\_\_\_ Attend services?  Yes     No

**Objectives and Goals**

**How did you hear about A Baby Breath's services?**

- Friend/Family Member     Clergy/Pastor     Counselor  
 Advertising/Other (Please list.) \_\_\_\_\_

May we have your permission to contact you to see how you are doing or to inform you of any new programs or services that are offered? This is with an understanding that we adhere to strict confidentiality guidelines.  Yes     No

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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*Internal Use Only*

**Home Center**

Jeffersonville

Collegeville

Wayne

Warminster

Phoenixville

**Case Opened** \_\_\_\_\_ **Counselor** \_\_\_\_\_