

Registration Form
Preparation for Birth Classes in English – Weekend course

Name:

Address:

Home telephone no:

Cell phone:

Email:

Profession:

Insurance:

Insurance policy no:

Type of insurance: Private/semi/basic

Name of partner:

Gynaecologist/Obstetrician:

Paediatrician:

Due date:

Delivery site Hospital/Clinic:

Please answer the following questions

Have you had any problems during your pregnancy?

Are you taking any medication?

Do you have an ongoing back problem?

Do you have any specific needs?