



MARCIA'S BABY NURSING CLIENT QUESTIONNAIRE

CONTACT INFORMATION

NAME(S): _____
ADDRESS: _____
EMAIL ADDR: _____
PHONE: HOME: _____ CELL: _____

REFERRAL INFORMATION

WERE YOU REFERRED BY ANYONE? YES NO
IF YES, WHO REFERRED YOU? _____

PREGNANCY & HOUSEHOLD INFORMATION

WHAT IS YOUR EXPECTED DUE DATE? _____

WHAT IS THE INTENDED LENGTH OF MY STAY WITH YOU?* _____

DO YOU OWN PETS? YES NO

DO YOU HAVE OTHER CHILDREN (SIBLINGS)? YES NO

IF YES, PLEASE PROVIDE:

NAME: _____ NAME: _____ NAME: _____

AGE: _____ AGE: _____ AGE: _____

GENDER: MALE FEMALE GENDER: MALE FEMALE GENDER: MALE FEMALE

HAVE YOU CONSIDERED SAVINGS YOUR BABY'S CORD BLOOD?*** YES NO

ARE THERE ANY SMOKERS IN YOUR HOME? YES NO

IF YES, WHO SMOKES? _____

WILL YOUR FAMILY BE TRAVELING INTERNATIONALLY?**** YES NO

IF YES, PLEASE LIST DESTINATION(S) AND LENGTH OF STAY: _____

WILL YOU BE BREASTFEEDING? YES NO

PLEASE NOTE:

*A SIGNED CONTRACT & SECURITY DEPOSIT ARE REQUIRED IN ORDER TO RESERVE NEWBORN SPECIALIST SERVICES FOR THE LENGTH OF TIME SPECIFIED ABOVE. THE AMOUNT OF THE SECURITY DEPOSIT SHOULD BE SEVEN DAY'S PAY (I.E. 7X MARCIA'S DAILY RATE OF PAY). **IF YOU ARE INTERESTED IN A CORD BLOOD REGISTRY, I CAN PROVIDE INFORMATIONAL BROCHURES FOR YOU.

***DOMESTIC AND INTERNATIONAL RATES DIFFER. PLEASE CONTACT MARCIA FOR CURRENT RATES.