



## POSTPARTUM ASSESSMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City Postal Code

Ways to contact you	OK to leave messages? (yes or no)
Home Phone #:	
Cell Phone #:	
Work Phone #:	
E-mail address:	

Date of Birth: \_\_\_\_\_  
Month Day Year

Marital Status: \_\_\_\_\_

Number of Children: \_\_\_\_\_ Age (s): \_\_\_\_\_

Occupation (present or most recent): \_\_\_\_\_

Employer: \_\_\_\_\_

Family Physician: Dr. \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

When was your last medical examination? \_\_\_\_\_  
Month Year

Who referred you to us? Where did you find our number?

\_\_\_\_\_

\_\_\_\_\_

**Reason(s) for Consultation**

1A- What is/are the problem (s) you would like help with?

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1B- When did this difficulty begin? What was going on in your life?

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1C- Were there periods in the past when the problem got significantly better or worst? What made the problem worst, or what helped improve things?

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1D- How do you explain what is going on with your life?

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1E- What are your expectations for therapy?

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Please answer the following questions about your most recent pregnancy and birth

**Conception**

Please describe the circumstances surrounding the conception: was it planned, how long did it take to get pregnant, any fertility problems or infertility treatments, previous miscarriages etc.

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Your weight before getting pregnant: \_\_\_\_\_  
How much weight did you gain during your most recent pregnancy: \_\_\_\_\_  
Your Current Weight: \_\_\_\_\_ Height: \_\_\_\_\_

**Pregnancy**

Please describe what this pregnancy was like for you. Were there any health concerns, emotional turmoil, any major changes or life events (death in family, move), excessive symptoms etc.

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**Birth**

At how many weeks gestation was your baby born? \_\_\_\_\_  
How much did your baby weigh at birth? \_\_\_\_\_  
How old is your baby now? \_\_\_\_\_

Please describe your birth experience, including any complications and procedures used:

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Did your baby have any significant health problems at birth?

- No
- Yes (please elaborate) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any significant health problems related to childbirth?

- No
- Yes (please elaborate) \_\_\_\_\_  
\_\_\_\_\_

How are you feeding your baby?

- Exclusive breastfeeding
- Exclusive bottle-feeding with formula
- Combining breastfeeding with bottle-feeding
- Solid foods and breastfeeding
- Solid foods and bottle-feeding
- Exclusive solid foods

Please describe any breastfeeding or bottle-feeding problems (current or past)

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Please describe the help you are receiving, from who and what form does it take?

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Please describe your baby's general disposition

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On a scale of 1 to 10, circle the number that best describes how you feel today

This is the  
worst I have  
ever felt

1    2    3    4    5    6    7    8    9

This is the  
best I have  
ever felt

10

Please circle the number that best describes how close you feel to your baby emotionally right now

Not at all  
close

1    2    3    4    5    6    7    8    9

Extremely  
close

10

### ***History of Psychological Difficulties***

2A- Have you ever been very anxious?

Yes

No

If so, tell us about it:

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2B- Have you ever had a problem with anger or aggression?

Yes

No

If so, tell us about it:

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2C- Have you ever been depressed?                      Yes                      No  
If so, tell us about it:

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2D- Have you ever contemplated suicide or thought about hurting yourself?      Yes                      No  
If so, please explain:

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2E- Have you ever tried to commit suicide?                      Yes                      No  
If so, please explain:

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2F- Do you currently have any suicidal ideas?                      Yes                      No  
If so, please explain:

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2G- What helped you cope with your sadness or depression in the past?

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2H- Tell us about any relationship problems you may be experiencing:

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2I- Tell us about any problems you might have had in childhood, while growing up:

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2J- Tell us about any work or academic problems you may be experiencing:

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2K- Tell us about any current financial stresses. (eg. accumulating bills, family debts etc.)

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2L- Have you ever experienced a serious trauma (physical or psychological)? The trauma could be something that occurred once (such as a traffic accident) or repeatedly (perhaps like sexual abuse). If yes, please give dates and describe:

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2M- Are there any mental illnesses or alcohol problems in your family? Yes No  
If so, please describe:

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2N- Are there any other problems bothering you at the present time? Yes No  
If so, please describe:

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**History of Seeking Help**

Tell us about the mental health professionals you might have consulted in the past (approximate dates, length of treatment, type of professional seen, description of problem, nature of treatment).

**Medical History**

Please list any current medical conditions and treatments

Current Condition	Treatment(s) including medication, operations etc.

Please list any past medical conditions and treatments

Past Condition	Treatment(s) including medication, operations etc.

Please list all medications you are taking, including vitamins, herbal remedies or over the counter drugs

Medication	Dosage (mg)	For what problem?

**Exercise**

Physical activities	Times per week

**Sleep**

During the past week, what was the longest uninterrupted period of sleep that you have had? \_\_\_\_\_  
 On average, how many hours of sleep do you currently get per night? \_\_\_\_\_

Please check all the statements that apply regarding your sleeping patterns:

- Even when your baby sleeps, you wake several times
- You are usually so exhausted that you have no trouble sleeping/falling asleep
- Insomnia is a major problem in your life
- You are very tired, but you feel too agitated to sleep
- You think you are sleeping too much
- You are not getting enough sleep
- You have no concerns about your sleep at all

**Consumption Habits**

Please describe any problems in your eating habits. (eg. excessive eating when stressed; lack of appetite, repetitive dieting, etc.)

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Approximately how many times do you drink alcohol on a weekly basis? \_\_\_\_\_

On average, how many alcoholic beverages do you drink per occasion? \_\_\_\_\_

**Social Functioning**

In general, how would you describe the way you get along with people:

In general, how satisfied are you in your couple relationship?

Not at all satisfied										The most satisfied I could possibly be
1	2	3	4	5	6	7	8	9	10	

**Education**

Please tell us about your academic history, including year of graduation(s), degree(s), and program of study.

**Future**

Tell us about your plans for the future (career, personal, etc.):