



YUKON MIDWIFERY PROGRAM CLIENT INTAKE FORM

Information contained in this form is collected, used and disclosed in accordance with *Yukon's Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services information practices can viewed at yukon.ca/healthprivacy or by contacting the department's Privacy Officer at healthprivacy@yukon.ca.

Applicant information		
First name	Last name	Date of birth (YYYY/MM/DD)
Name as it appears on your health care card		What pronoun(s) do you use?
Home location		
City/Town/Community		
Do you have Yukon health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred language(s)	
If accepted, would you need interpretation support to attend an appointment with an English speaking midwife? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact information		
Preferred phone number	Is it okay to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred email address		
How would you prefer to be contacted? <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text		

Medical information

When is this baby due? (YYYY/MM/DD)

Has this been confirmed by ultrasound?

☐ Yes ☐ No

What was the first day of your last period? (YYYY/MM/DD)

What is your menstrual cycle length?

Have you had any complications with a previous pregnancy or labour?

☐ Yes ☐ No

How many vaginal births have you had?

How many C-section births have you had?

Do you know of any medical concerns with your current pregnancy?

☐ Yes ☐ No

Do you have any major medical conditions such as Type 1 diabetes or epilepsy?

☐ Yes ☐ No

Where would you like to give birth?

☐ At home ☐ In the hospital ☐ I am undecided

Have you had care from a primary health care provider for this pregnancy?

☐ Yes ☐ No

Do you have a family physician?

☐ Yes ☐ No

If yes, please provide physicians name

Have you had a midwife before?

☐ Yes ☐ No

How did you find out about the midwifery clinic? Please select all that apply.

☐ Website ☐ Another health or social care provider ☐ Friend or family member
☐ Poster or pamphlet ☐ Social media ☐ Other

We want to make sure all types of families and people have access to midwifery care. We want all individuals having low risk pregnancies to feel safe and welcomed into Yukon's midwifery clinic. If you feel comfortable, please share if you identify with one or more of these groups and communities:

- ☐ Yukon First Nations
- ☐ First Nation (Non-Yukon), Metis, or Inuit
- ☐ Newcomer to Canada
- ☐ LGBTQ2S+
- ☐ Racialized person or person of colour
- ☐ Person with mental wellness or substance use concern(s)
- ☐ Person with a disability
- ☐ Person who is or will be a single parent
- ☐ I identify with another group or community that I would like the midwifery team to know about (please specify):

- ☐ I prefer not to specify at this time
- ☐ I do not identify with any of these groups

If we are unable to accommodate you in our midwifery clinic, all identifying medical information collected as part of this application form will be destroyed and disposed of in a secure manner.