



Sage

Education & Therapy

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Bright Baby Milestone Checkup Intake Form

Welcome and congratulations! Please fill out this form and bring to your first meeting.

Baby's name _____ DOB _____

Age at first visit _____

Where did you give birth? _____

Attending midwives/obgyn _____

Pediatrician or primary care professional _____

Can we contact your primary care provider? If yes, contact info _____

Parent name/s _____

Address _____

Phone _____

Email _____

Occupation _____

BB Milestone Intake

Baby's Name and DOB _____

1. Please describe the low and highlights of your pregnancy, physical and emotional health/medications needed?
2. Please describe the birth including any interventions and/or pain management.
3. What support systems are in place for the family? Family, doula, nanny, body work?
4. What are the work/childcare plans? Maternity/paternity leave?
5. Do you have any concerns about your baby's development at this time?
6. Please share anything else you want me to know about your family.