



Personal History Of Elizabeth Minister

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____ Birth Date: _____

Marital Status: _____ Religion: _____

Would you be willing to write a support letter to someone having an experience similar to yours? yes ___ no ___

Would you be willing to phone someone having an experience similar to your yours? yes ___ no ___

Would you be willing to visit with someone experiencing a situation similar to your experience? yes ___ no ___

May we give your name, address, phone, and type of childbearing experience, or loss, to other women in similar situations? yes ___ no ___

RELEASE STATEMENT:

I, _____, give my permission to Elizabeth Ministry to contact me in relation to visiting with women who have childbearing experiences similar to mine. I agree that I will not counsel or give advice but will offer friendship, support, and understanding. I will keep information shared confidential. I also understand that I can always decline an assignment and that my family needs come first.

Signature _____ Date _____

PLEASE CHECK ANY OF THE FOLLOWING THAT YOU HAVE EXPERIENCED

Special Note: *This information will be kept confidential!*

It will be helpful in identifying an Elizabeth Minister to visit a woman in one of the particular situations listed here, based on similar experience.

<p>◆ FERTILITY & INFERTILITY</p> <p>___ Conceived Easily</p> <p>___ Spacing of Children ___ used Natural Family Planning ___ other method: _____</p> <p>___ Menstrual Cycle Problems</p> <p>___ Infertility Problems ___ unknown reason ___ known reason: _____ ___ used assisted reproduction technology ___ Naprotechnology ___ In Vitro Fertilization ___ Gamete Intrafallopian Transfer ___ Zygote Intrafallopian Transfer ___ Other: _____ ___ chose adoption plan ___ accepted childless lifestyle</p> <p>___ Menopause Completed</p> <p>___ Hysterectomy</p>	<p>◆ PREGNANCY</p> <p>___ General Pregnancy ___ planned pregnancy ___ unplanned pregnancy ___ number of pregnancies _____ ___ number of living children _____ ___ married while pregnant ___ single while pregnant ___ pregnant while teenager ___ unwed, living with father of baby ___ unwed, not living with father of baby ___ widowed while pregnant ___ separated or divorced while pregnant ___ blended family pregnancy</p> <p>___ Pregnancy Later in Life ___ older first time mom ___ giving birth after 30 ___ giving birth after 35 ___ giving birth after 40 ___ large age difference from last child born ___ number of years _____</p>	<p>___ Pregnancy Complications ___ ectopic pregnancy ___ toxemia ___ incompetent cervix ___ placenta problems ___ gestational diabetes ___ maternal health factors ___ restricted to bedrest</p> <p>___ Prenatal Testing Concerns ___ refused testing ___ participated in testing ___ problem detected _____ ___ accurate detection ___ inaccurate detection ___ no problem detected</p> <p>___ Fetal Abnormalities Issues ___ counseled to terminate pregnancy ___ did not terminate pregnancy ___ did terminate pregnancy & regret it</p>
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TURN SHEET OVER FOR OTHER AREAS

ELIZABETH MINISTRY LEADER'S MANUAL

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PLEASE CONTINUE TO CHECK ANY THAT APPLY TO YOU

◆ **CELEBRATION OF BIRTH**___ **General Birth**

- ___ breastfed
- ___ first family
- ___ blended family
- ___ gave birth while married
- ___ gave birth while single
 - ___ gave birth as adult
 - ___ gave birth as teenager
 - ___ baby's father involved
 - ___ baby's father not involved
- ___ gave birth as widow
- ___ gave birth while separated or divorced
- ___ gave birth later in life
 - ___ giving birth after 30
 - ___ giving birth after 35
 - ___ giving birth after 40
- ___ number of births _____
- ___ number of living children _____
- ___ raised child
- ___ chose adoption plan for child

___ **Special Birth Outcomes**

- ___ multiple births...number _____
 - ___ all lived
 - ___ all lived - healthy
 - ___ all lived - complications
 - ___ loss of one or more
- ___ induced labor
- ___ cesarean section
- ___ vaginal birth after cesarean
- ___ other complications: _____
- ___ postpartum depression

◆ **ADOPTION**___ **Considered Adoption**

- ___ married woman
- ___ single woman

___ **Waited to Adopt**___ **Lost an Adoption**___ **Completed Adoption**

- ___ newborn
- ___ older child (age: _____)
- ___ domestic
- ___ international, country: _____
- ___ child with special needs

___ **Birth Mother Chose Adoption Plan**

- ___ age of child: _____
- ___ married at the time
- ___ single at the time
 - ___ father of the child involved
- ___ open adoption, in contact with child/adoptive family

◆ **INFANT/CHILD CRISIS**___ **Prenatal Disability Diagnosis**___ **Premature Birth**

- ___ problems/illnesses related to prematurity
- ___ premature infant lived
- ___ premature infant died

___ **Intensive Care Nursery**___ **Special Needs (Physical and/or Mental)**

- ___ list type of condition: _____

___ **Child Illness/Surgery/Hospitalization**

- ___ list type of condition: _____
- ___ child age: _____

◆ **MISCARRIAGE & INFANT/CHILD LOSS**___ **Miscarriage**

- ___ ectopic pregnancy
- ___ first trimester
- ___ second trimester
- ___ third trimester

___ **Stillborn**

- ___ cord accident
- ___ meconium aspiration
- ___ other cause: _____
- ___ unexplained cause

___ **Infant/Child Death**

- ___ knew child's condition
- ___ unexpected
- ___ SIDS
- ___ illness
- ___ surgical complication
- ___ accident
- ___ violence
- ___ birth defect
- ___ terminated life support
- ___ took no heroic measures

___ **Special Circumstances**

- ___ multiple birth loss
 - ___ loss of one/more, but not all, number: _____
 - ___ loss of all
- ___ single parent at time of loss
- ___ other: _____

◆ **GRANDPARENT SUPPORT**___ **Grandparent Now**___ **Presently First-Time Grandparent**___ **Grandchild Joined Family by Adoption**___ **Long-Distance Grandparenting**___ **Single Grandparent**___ **Rejected Grandparents**

reason: _____

___ **Grandparents Facing Obstacles**

reason: _____

___ **Grieving Grandparents**

- ___ grandchild crisis
- ___ grandchild aborted
- ___ grandchild died
- ___ other reason: _____

___ **Grandparent Raising Grandchild(ren) # _____**___ **Grandparenting an Unwed Child's Baby**

- ___ child is teenager
- ___ child is adult

___ **Grandchild Placed for Adoption**◆ **Other Experiences**___ **Breast Cancer** ___ **Other Cancer:** ________ **Caring For Sick Spouse**___ **Divorce**___ **Caring For Elderly Parents**___ **Other:** _____