**Doula Client Intake Form**

Date of 1st Meeting:

1st Prenatal Meeting:

2nd Prenatal Meeting:

Fee:

Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you know the gender? Y/N Is it a surprise for anyone if so? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender of baby (if known, and sharing 😊 ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a name for baby? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place for Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who else will attend the birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backup Doula (name, phone, email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attended Child Birth Class: Y/N with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photography/ Video planned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prenatal**

How has this pregnancy gone so far?

Have you had any difficulties/complications/restrictions (physical, emotional, or other) with and during this pregnancy?

Previous pregnancies/births? Children- names? Ages?

**Labor and Birth**

Tell me about your previous births (if any). What do you want to be different for this birth?

What helps you relax or feel better?

Anything we should NOT do or say?

BIRTH WISHES Do you have a birth plan/vision? Yes No Need help

(If you have a birth plan/vision already, feel free to attach a copy to this form.)

What are the 3 most important outcomes that you desire for this birth?

Please describe the role you envision for me at your birth (if you aren’t quite sure, that’s ok!)

Who else will be with you at the birth, and what role would you like them to play?

Is there anyone that you do NOT want to be present at the birth, or during the immediate postpartum period?

What would your partner like me to do to help them be more supportive to you during labor?

Do you have any religious or cultural beliefs that you would like me to be aware of?

Do you have any fears about this birth?

What type of comfort measures do you think you would like to use during labor? (circle all that apply)

Distractions Breathing Patterns Massage Birth Ball

Walking Dancing Swaying Water (tub/Shower)

 Hot/Cold Therapy Visualization/Imagery Aromatherapy Music

 Other techniques you would like to use

Are you planning on breast feeding your baby? Y/N Would you like more info on breastfeeding? Y/N

Are there any particular topics that you would like to focus on during our prenatal visit(s)/conversations?

Is there anything I haven’t asked yet that you would like me to know?