

Postpartum Doula New Client Intake Form

GENERAL INFORMATION

Name _____

Partner's Name _____

Home Address _____

E-mail _____

Phone Number (cell) _____

Partner/Other Phone Number _____

Partner/Other E-mail _____

Your Birth Date _____

Emergency Contact Name/Relationship _____

Phone Number _____

BIRTH/CURRENT PREGNANCY INFORMATION

Baby's Due Date _____

Are you expecting multiples (twins, triplets, etc.)? ☐ Yes ☐ No

Gender of the Baby (circle the applicable answer)

Girl Boy One of Each (twins) Don't know yet

Do you have a name picked out? If yes, you can share it with me here if you like

Do you plan to share the name with others? (circle the applicable answer)

Yes No We would like it to be a surprise for some people so please don't share!

Have you taken, or are you planning on taking, any childbirth education classes? If so, what classes and where will/did you attend them?

What type of birth are you hoping for? (circle the applicable answer)

Vaginal
cesarean birth

VBAC
elective induction

induction for medical reasons
water birth

Do you plan to birth (circle the applicable answer)
Naturally (comfort measures/no pain medication)
Epidural
Other pain medication

Have you had any of the following pregnancy-related health conditions in your current pregnancy?

Rh incompatibility	Preterm Labor	Group B Strep
Hyperemesis Gravidarum (excessive vomiting)	Intrauterine Growth Restriction (IUGR)	Gestational Diabetes
Gestational Hypertension (high blood pressure during pregnancy)	Low Birth Weight	Placenta Previa
Pre-Eclampsia	Macrosomia (large baby)	Vena Cava Compression
	Polyhydramnios	Genetic Disorder
	Oligohydramnios	None of the above

Please list any conditions you have that are not listed above

Maternity Healthcare Provider _____

Type of Provider: Midwife Doctor Other (please specify)

Address _____

Phone Number _____

Location where you plan to deliver? Home Hospital Birth Center Other

Name and address of delivery location (or backup hospital if you plan to deliver at a birth center or at home)

Do you have health insurance? _____

Will this be your first birth? ☐ Yes ☐ No

If you have had previous births, what were they like? What about those births would you like to be the same or different this time?

Do you have any specific concerns or worries regarding this birth? And your partner?

What are you most excited about for this birth? And your partner?

MEIDCAL INFORMATION

Do you have allergies? (if yes, please list)

Have you had any recent illnesses, surgeries, injuries, accidents, or trauma? (if yes, please describe)

Do you currently take any prescription or non-prescription medications (herbs, natural supplements, vitamins, over the counter)? If yes, please list what you take and what it's for

Do you currently have, or do you have a history of any medical or psychological conditions that will affect this birth?

PREVIOUS PREGNANCY INFORMATION

How many times have you given birth? (twins, triplets, etc. count as 1 birth)

Out of previous pregnancies, how many were carried to term (37 weeks +)?

Out of previous pregnancies, how many were preterm (born 24 – 37 weeks)?

How many children do you have? Please list name(s) and age(s)

Have you given birth to multiples (twins, triplets, etc.)?

Which types of births have you experienced? (circle all that apply)

This will be my first birth
Vaginal
C-section

VBAC (vaginal birth after
Cesarean)
Elective induction
Induction for medical reasons

Home birth
Hospital birth
Birth center birth
Water birth

Please tell me anything you would like me to know about your past pregnancies

POSTPARTUM SUPPORT

What is your idea of my role as a postpartum doula? What is most important to you in terms of postpartum doula support?

Do you have any preferred style of cooking (crock-pot, instant pot, oven, etc.) or dietary restrictions?

How long do you anticipate needing help?

Are you planning on breastfeeding? ☐ Yes ☐ No

Is there anything else you would like me to know as we begin working together?