

Client Registration Initial Consult - Doula Services

Expectant Mother's Name:	
	Baby's Sex?
Expectant Mother's Address	
Email:	Mother's Phone:
Occupation of Mother	
Age:	
Partner/Support Person's Name	
Occupation (Partner):	Relationship to Mother:
Partner's Phone #:	Partner's Email:
Midwife/Doctor	
Caregiver's address	
# of previous pregnancies	
If you have given birth before, plea	se take time to write your birth story on the back of
this sheet of paper. A timeline of ev	vents is helpful as
well as how the experience was for	you both physically and emotionally is important.
Please include your breastfeeding/	feeding
experience and anything else you v	want me to know.
Names and ages of children at hon	ne
Pets in the home? Names:	
Others at this birth? If yes, wh	no are they and what will their role be?

These questions allow us some jumping off points in the initial consult/interview. Please answer as many as you would like to answer.

How has this pregnancy gone for you (physically, emotionally)?

Do you have any conditions that have or could affect this pregnancy and/or your labor? (ex: twins, high blood pressure, diabetes, previous cesarean)?

What is most important to you for this birth? (Besides that which is the given: healthy mother and baby).

Is there anything you are concerned or worried about?

How would you each define a "satisfying birth experience"?

How do you see me (as doula) being most helpful to you at your birth?

Do you plan to breastfeed?
Would you like information about classes/feeding support in the area?

If you have given birth before, upon signing of the contract, I will need you to write your previous birth stories. This serves two purposes – to document what happened so I fully understand the circumstances and to help you remember and write about your previous birth(s) both for processing and to determine what you need to be different (or more of) to make this birth a satisfying experience for you. This information informs me how I can support you best.