

CLIENT CONSULTATION FORM

NAME _____ DATE OF BIRTH _____

PHONE NUMBER _____ INSURANCE ID _____

PARTNER/SUPPORT PERSON'S NAME _____

PARTNER/OTHER PHONE NUMBER _____

HOME ADDRESS _____

E-MAIL _____

HEALTH CARE PROVIDER INFORMATION

NAME _____ PHONE NUMBER _____

NAME OF BIRTHING FACILITY _____

ADDRESS _____

PREGNANCY INFORMATION

DO YOU HAVE ANY ALLERGIES TO FOODS, MEDICATIONS, LATEX ETC.? Y/N

PLEASE DESCRIBE _____

LAST MENSTRUAL PERIOD _____ BABY'S DUE DATE _____ GENDER: _____

HAVE YOU CHOSEN A NAME? SHARE IT WITH ME HERE IF YOU LIKE:

HAVE YOU ATTENDED OR PLAN TO ATTEND ANY CHILDBIRTH EDUCATION
CLASSES? IF YES, PLEASE SPECIFY THE CLASSES AND LOCATION.

DO YOU CURRENTLY HAVE ANY PREGNANCY-RELATED HEALTH CONDITIONS?
IF YES, PLEASE PROVIDE DETAILS. _____

NUMBER OF PREGNANCIES? _____ NUMBER OF CHILDREN? _____

CHILDREN'S NAME(S) AND AGE(S) _____

DO YOU WANT YOUR CHILD(REN) PRESENT FOR BIRTH? Y/ N

DO YOU HAVE CARE FOR YOUR CHILD(REN) DURING LABOR/BIRTH? Y/ N

NAME OF CHILD CARE PROVIDER: _____

PHONE NUMBER _____

DURING LABOR DO YOU WANT YOUR INFORMATION SHARED WITH CHILD CARE
PROVIDER? Y/ N

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DO YOU HAVE A BIRTH PLAN/VISION? Y/N DO YOU NEED ASSISTANCE Y/N

DOES YOUR CARE TEAM KNOW THAT YOU ARE USING A DOULA? /N

DOES YOUR CARE TEAM KNOW YOUR BIRTH PREFERENCES? Y /N

WHAT ARE THE 3 MOST IMPORTANT OUTCOMES THAT YOU DESIRE FOR THIS BIRTH? _____

WHAT ROLE DO YOU ENVISION FOR ME AT YOUR BIRTH: _____

HOW CAN I ASSIST YOUR PARTNER IN PROVIDING BETTER SUPPORT TO YOU DURING LABOR? _____

WHO ELSE WILL BE PRESENT AT THE BIRTH, AND WHAT ROLE WOULD YOU LIKE THEM TO HAVE? _____

IS THERE ANYONE YOU DO NOT WANT PRESENT AT THE BIRTH OR IMMEDIATELY POSTPARTUM PERIOD? _____

ARE THERE ANY RELIGIOUS OR CULTURAL BELIEFS YOU'D LIKE ME TO BE AWARE OF? _____

HAVE YOU EXPERIENCED ANY DIFFICULTIES OR RESTRICTIONS DURING THIS PREGNANCY? (PHYSICAL, EMOTIONAL, OR OTHER) _____

DO YOU HAVE ANY FEARS ABOUT THIS BIRTH? _____

HOW ARE YOU PLANNING ON FEEDING YOUR BABY? _____

ARE THERE SPECIFIC TOPICS YOU'D LIKE TO FOCUS ON DURING OUR PRENATAL VISITS OR CONVERSATIONS? _____

COMMENTS/QUESTIONS ABOUT ABSOLUTELY ANYTHING!

