



*Medicine Wombman*  
PERSONAL & SPIRITUAL DEVELOPMENT COACHING

**NEW CLIENT INFORMATION FORM**

Please provide the following information and answer the questions below.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Partner's Name (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_

Marital Status:  Never Married  Married  Domestic Partnership  Divorced  Widowed

Medical Provider (OB/GYN, Midwife, etc.) \_\_\_\_\_

Birth Plan Location (Home, Hospital, etc.) \_\_\_\_\_

**Medical History:**

Are there any medical conditions we should be aware of?

Yes  No

If yes, please specify: \_\_\_\_\_

Have you had any complications during this pregnancy or previous pregnancies?

Yes  No

If yes, please specify: \_\_\_\_\_

Are there any specific medical interventions you hope to avoid during your birth experience?

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**Birth Preferences:**

Describe your ideal birth environment:

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What comfort measures or coping techniques are you planning to use during labor?

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Do you have any specific cultural or religious preferences we should consider during your birth experience?

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**Support Preferences:**

What kind of support are you looking for from your doula?

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Are there any specific fears or concerns you have about labor and birth?

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**Survey:**

1. On a scale of 1 to 5, how informed do you feel about the childbirth process?

(1 = Not informed at all, 5 = Very informed)

1  2  3  4  5

2. How would you rate your current level of anxiety or stress about childbirth?

(1 = Very low, 5 = Very high)

1  2  3  4  5

3. Are there any specific areas of childbirth education you would like to focus on during our sessions?

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4. How do you envision your doula supporting you during labor and delivery?

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5. What expectations do you have from your doula in terms of communication and availability before, during, and after birth?

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6. Is there anything else you would like to share or discuss before we meet in person?

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For appointment scheduling, what are the best:

Times of day: \_\_\_\_\_

Days of the week: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list the names and relationships of the five most important people in your life:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Do you have pets?  Yes  No If yes, please list:

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Education: \_\_\_\_\_

How would you rate your overall physical health?  Excellent  Great  Good  Fair  Poor Do you have any sleep problems?  Yes  No If yes, please describe: \_\_\_\_\_

Are you dealing with any past or current addictions?  Yes  No If yes, please describe: \_\_\_\_\_

Have you had any issues with Depression, Anxiety, or ADD/ADHD (Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder)?  Yes  No If yes, please describe: \_\_\_\_\_

Are you currently seeing a therapist?  Yes  No If yes, please describe what issues you are addressing in therapy:

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

What are your favorite hobbies and sports?

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

What do you do for fun?

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

When you treat yourself, what are things you like to do?

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

What is your idea of a perfect vacation?

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

How did you hear about me? \_\_\_\_\_

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