



POSTPARTUM CLIENT INTAKE FORM

Name: _____
Partner's Name: _____
Home Address: _____
Phone Number: _____
Email: _____
Age: _____
Estimated Due Date: _____
Have you given birth before? _____
If yes, how many children? _____ Age(s): _____
Name(s): _____

Where are you planning on giving birth: _____

If you've given birth before, have you had any previous complications?

If yes, please describe: _____

If you have given birth, please check all that apply:

- ☐ I had a vaginal delivery
- ☐ I was induced
- ☐ I had a planned c-section
- ☐ I had an emergency c-section
- ☐ I required stitches
- ☐ I had a vacuum extraction or forceps were used
- ☐ Other (if other, please enter information below)

Do you currently have any current health or mental health issues that could influence your well-being during this postpartum period?

If yes, please describe: _____

What are you looking for in a postpartum doula? (Check all that apply)

Informational Support Emotional Support Physical Support

Thank you for choosing Beyond Bump Postpartum Doula Services.
We look forward to becoming part of your Village!