

Doula Client Intake Form

Please complete the below form to the best of your ability prior to your scheduled prenatal appointment. Your doula will ensure that all information listed will be kept private / confidential.

Name: _____

Pronouns: _____

Age: _____

Address: _____

Phone #: _____

Email: _____

Birth Partner/Support Person Name (Partner, Spouse, Family, Friend): _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Emergency Contact Relation: _____

Do you need assistance in finding a provider?

- Yes
 No

If Answered 'No' Above:

Midwife, OB-GYN, DO, MD, or NP Name: _____

Midwife, OB-GYN, DO, MD, or NP Contact: _____

Where are you planning to give birth?

- Hospital
 Home
 Birthing Center

How far along are you in your pregnancy? _____

Is this your first pregnancy? _____

What immediate fears/concerns/anxieties or questions would you like to inform your doula of before beginning care?
