

Client Intake Form

Due Date: _____ Where Having Baby: _____ Care Providers: _____

PERSONAL

	Mother	Partner
Name		
Phone		
Email		
Address		
Other Children		
Occupation		
Personality		
Pets		
Age		
Anxieties? Fears?		
How do you handle stress & fatigue?		
Birth Philosophy		
Relationship with HCP		
How do you see a doula adding value?		
Preparations for childbirth? Books/classes/websites?		
How much information do you want?		

PREGNANCY

GBS Status:	Baby's Position:	Baby's Gender:	Baby's Name
G/P	Previous cervical surgery	Obstetrical History	
How is this pregnancy going?			

LABOR AND BIRTH

Photos & Notes	Who else will attend? (names/relationship)
Special coping strategies?	Wishes for pain medication?
Special Environmental needs?	
Feelings About Induction Past due date? Suspected large baby? Personal desire for labor to start?	
Labor Wishes Laboring at home Monitoring Vag exams Food/Fluids Pushing/Positioning Immediate placement of baby Cord cutting	

Newborn procedures/timing Eye care Vit K Cord blood collection	
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UNEXPECTED EVENTS

Unexpected Labor Options Prolonged labor Exhaustion Suspected fetal distress Epidural not working Sick baby or sick mother Phone number of who to call in case of emergency	
Cesarean Birth Timing during labor Watching/explanations Nausea meds Who attends? Father's participation	

POSTPARTUM

Postpartum - At Home Who is helping? Lactation resources? Household help resources?	
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	Interview	Prenatal #1	Prenatal #2	Birth	Postnatal #1	Postnatal #2
Date						
# Hours						
Follow-Up						
Referral			Fee		Back-Up	
Baby's Birth Date						
Postpartum Notes						

NOTES