



Client Information Sheet

Name: _____

Your age at time of birth: _____ Estimated due date: _____

Have you been pregnant before? No Yes, How many times? _____

Do you have children, what ages? _____

Occupation: _____

Home Address: _____

City _____ State _____ Zip code _____

Cell Phone: _____ Email: _____

How did you hear about me? _____

Partner's Information

Name: _____

Relationship to client: _____ Do you live together? _____

Cell Phone: _____

Will you be present at the birth? _____

Pregnancy & Health Care Information

Sex of the baby (if known): _____

Planned method of feeding: Breast Bottle Undecided

Care provider (Doctor or Midwife): _____

Birth location: _____

Briefly describe your past birth experience(s). (length of labor, medication, intervention, etc.)

Birth Preferences

Describe your ideal birth.

Do you have, or want to create a birth plan?

What does the atmosphere look like at your ideal birth? (music, lights, scents, etc.)

Who do you want at your birth? Is there anyone you don't want?

How do you envision your partner's involvement during labor and birth?

Will your children attend the birth? If not, do you have childcare arrangement made?

What is your preference regarding medical interventions & pain medications?

Do your preferences agree with that of your care provider?

What comfort measures do you wish to try during labor?

Massage_____

Hot/cold therapy_____

Vocalization_____

Shower/bath_____

Relaxation_____

Breathing patterns_____

Walking_____

TENS unit_____

Birthing ball_____

Music_____

Dancing/swaying_____

Other:_____

Do you want to labor at home before going in?

Do you have any fears about labor or birth? (mother or partner)

Prenatal Information

Please describe this pregnancy so far.

Do you have any medical conditions you would like me to be aware of?

Do you have any allergies I should be aware of?

Are you up to date with your prenatal appointments? no yes

Has your doctor/midwife given you any restrictions I should be aware of?

If birthing at a hospital or birth center, have you toured it and registered if necessary?

Have you attended any childbirth education classes? no yes, with whom? _____

Are you seeing any other care providers? (chiropractor, acupuncturist, masseuse, etc.)

Expectations of your Doula

How do you see me supporting you?

Is there anything you dislike, or are sensitive to, that I should be aware of? (physical touch, nudity, etc.)

Any additional questions, comments or concerns?