



### Post Partum Doula Intake Form

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Due Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Home # \_\_\_\_\_

Partner's Name: \_\_\_\_\_

Partners Cell #: \_\_\_\_\_

Other Services you *may be* interested in:

- |   |   |
|---|---|
| <input type="checkbox"/> Placenta Encapsulation             | <input type="checkbox"/> Event Planning & Hosting   |
| <input type="checkbox"/> New Baby Nursery Stocking & Set Up | <input type="checkbox"/> Birth/Hospital Preparation |
| <input type="checkbox"/> Baby Registry                      | <input type="checkbox"/> Baby Led Weaning           |
| <input type="checkbox"/> Car Seat Safety & Installation     | <input type="checkbox"/> Cloth diapering            |
| <input type="checkbox"/> Overnight Sleep Support            | <input type="checkbox"/> Homemade formula           |
| <input type="checkbox"/> Pre or Post-natal Nutrition        | <input type="checkbox"/> Infant CPR                 |
| <input type="checkbox"/> Lactation Consultation             |   |

Are you taking time off from work and if yes, how long? \_\_\_\_\_

Will you partner be taking off time from work and if yes, how long? \_\_\_\_\_

Do you have any other adults living in your household? \_\_\_\_\_

Please tell us the names and ages of any other children you have: \_\_\_\_\_

How do they feel about the new baby? \_\_\_\_\_

Please describe his/her current schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Pediatrician's Ph #: \_\_\_\_\_

Midwife or Ob-Gyn Name: \_\_\_\_\_ Midwife/Ob-Gyn Ph #: \_\_\_\_\_

If using a midwife, is this a home birth or at a birthing center? \_\_\_\_\_

If a birthing center, name and address: \_\_\_\_\_

If you are planning on giving birth in the hospital, which hospital? \_\_\_\_\_

Are there any medical issues or concerns we should know about? \_\_\_\_\_

\_\_\_\_\_

Do you (or your family) have any history of depression or other emotional disorders? \_\_\_\_\_

\_\_\_\_\_

Are there any pets in your home and if yes, what kind? \_\_\_\_\_

Are you planning to breast or bottle feed or undecided? \_\_\_\_\_

What parenting books have you read? \_\_\_\_\_

Are there any parenting techniques you plan to use? \_\_\_\_\_

What is your primary goal in having a postpartum doula? \_\_\_\_\_

Do you have any fears about your upcoming birth, postpartum period, or parenting? \_\_\_\_\_

Are you interested in taking a breastfeeding couples workshop with one of our certified Lactation Consultants? \_\_\_\_\_