

Client Intake Form for Birth Doula Support

In Due Time Doula Care

Jenn Beiswenger, Doula

Congratulations on your pregnancy! Thank you for taking the time to fill out this form so that I can get to know you better and have an idea of how I can best support you during your pregnancy, labour, birth and postpartum.

Today's Date _____ Baby's Estimated Arrival Date _____

ABOUT YOU

Name _____ DOB _____

Occupation _____ Mobile _____ Email _____

Partner's name _____ DOB _____

Occupation _____ Mobile _____ Email _____

Address _____ City/Suburb _____ Postcode _____

Sibling's name(s) & age(s) _____

Others who live in your household – names & ages _____

Plan for care of child(ren) during birth _____ How did you hear about me? _____

YOUR HEALTH CARE PROVIDERS

Primary health care provider (doctor/midwife)'s name _____

Planned place of birth _____ Back-up hospital if homebirth _____

Have you taken childbirth classes? _____ Breastfeeding class? _____ Other classes? _____

Other health care providers you see (chiro, osteo, acupuncture, homeo, naturopath, etc) _____

YOUR MUM

Your mum's childbearing history: how many pregnancies? _____ Births? _____ Babies? _____

Any complications? (premies, caesareans, breech, excessive bleeding, multiples, diabetes, congenital abnormalities, stillbirths, etc) _____

How were her births? (early, late, long, short, easy, hard) _____

How are her attitudes about *your* pregnancy & about pregnancy & birth in general? _____

Did your mum breastfeed? _____ How long? _____

Plans for mum to be involved with birth and/or postpartum period? _____

PARTNER'S MUM

How are her attitudes about *your* pregnancy & about pregnancy & birth in general? _____

Plans for mum to be involved with birth and/or postpartum period? _____

YOUR HEALTH HISTORY

How is your health? _____ Any allergies? (drugs, food, latex, tape, etc) _____

What is your diet? (eat everything or picky? omnivore/vegetarian/vegan?) _____

Vitamins? _____ Supplements? _____ Routine medications, incl OTC? _____

Alcohol? _____ Qty/Frequency: _____ Other drugs/substances, now or previously? _____

Cigarettes? _____ Qty/Frequency: _____ Current exercise & frequency: _____

Are you receiving care for any medical condition *other* than your pregnancy, right now? _____

If so, what? _____ Medications? _____

Have you ever been treated for emotional problems? _____ Please describe: _____

Optional: Any history of personal trauma? (abuse, rape, incest, etc) _____

YOUR PREGNANCY

Menstrual History

Length of Cycle _____ Days of flow _____ Regular/irregular _____ Scant, avg, heavy? _____

PMS Symptoms _____ Coping techniques _____

Conception History

Was this pregnancy planned ? _____ How do you feel about it now? _____

Any difficulty conceiving? _____ Any special technology used? _____

Method of birth control prior to conception _____

Childbearing History

Have you given birth before? _____ If so, how many - vaginally? _____ - by caesarean? _____

Have you had any miscarriages? _____ Abortions? _____ Stillbirths or infant loss? _____

Prior pregnancies & births:

DATE	PREGNANCY LENGTH (wks)	GENDER	WEIGHT	NAME	LABOUR LENGTH (hrs)	MEDS, INTERVENTIONS, COMPLICATIONS

Have you breastfed before? _____ Any problems? _____

Have you ever had postpartum depression? _____ Treatment? _____

Have your mother or sisters had postpartum depression? _____

History of This Pregnancy

Have you experienced any/much:

___ Lack of Sleep

___ Acid indigestion

___ Diarrhoea

___ Muscle cramps

___ Anxiety

___ Fatigue/Tiredness

___ Nausea/vomiting

___ Carpal Tunnel Syndrome

___ Haemorrhoids

___ Shortness of breath

___ Constipation

___ Incontinence

___ Swelling

Is your pregnancy considered 'high-risk' by your provider? _____ If yes, why? _____

Have you experienced any prenatal complications during this pregnancy? _____ If yes, please tick:

___ Gestational diabetes

___ Measuring large

___ Preeclampsia

___ Group B strep

___ Measuring small

___ Preterm labour

___ High blood pressure

___ Oligohydramnios (low amniotic fluid)

___ Rh incompatibility

___ Hyperemesis (excess vomiting)

___ Placental abruption

___ Vena cava syndrome

___ Intrauterine growth restriction

___ Placenta previa

___ Other: _____

___ Low blood pressure

___ Polyhydramnios (excess amn. fluid)

Any other complications, this pregnancy? _____

Any restrictions? _____

Prenatal Screening

Have you had an ultrasound? _____ How many? _____ Results? _____

Other prenatal screening? (amnio, CVS, vaginal ultrasound, Rh titers, AFP, genetic testing, etc) _____

YOUR UPCOMING BIRTH EXPERIENCE

Mum: What is your vision for this birth? _____

Dad: What is your vision for this birth? _____

What are your expectations of your labour assistant/doula? _____

Who do you want to be present during your birth? _____

How do you feel about interventions in labour/delivery? _____

What type(s) of pain management are you looking to use?

Comfort measures (see below)

IV medication

Gas

Other: _____

Epidural

What types of comfort measures would you like to use in labour?

Distraction

Massage

Aromatherapy

Breathing patterns

Birth ball

Acupressure

Hypnosis

Walking, dancing, swaying

Homeopathy

Meditation

Water (shower? tub?)

Music

Visualisation/imagery

Hot/cold therapy

Other _____

Do you have a birth plan? _____ Have you reviewed it with your health care provider(s)? _____

If so, how did they respond? _____

Are you planning on having photos taken of the birth? _____ Video? _____ Do you have a dedicated photographer/videographer? _____ If so, who? _____

Any special ideas about what you might like for labour? (sight, sound, smell, taste, touch) _____

Do you plan to receive a syntocinon injection for the birth of the placenta? _____

Do you plan to have your baby receive Vitamin K? _____ HepB? _____

How do you plan to feed your baby? _____

Is there anything else that I should know, in order to best support you? _____

Thanks for completing this questionnaire! All this information that you've provided will help me support you to have the labour, birth & postpartum experience that you want. I look forward to working with you! :)

~jenn