

Client Intake Form for Postpartum Doula Support

In Due Time Doula Care

Jenn Beiswenger, Doula

Congratulations on your pregnancy or recent birth! 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 postpartum period.

Today's Date _____

About You, Mum :)

Name: _____ DOB: _____

Occupation: _____ Mobile: _____ Email: _____

Preferred form of communication: Email Phone call SMS Messaging → platform: _____

Address: _____ City/Suburb: _____ Postcode: _____

Are you planning to take time off work? (Please circle) Yes No Undecided Not applicable

If yes, how much time? _____

Partner or Additional Support Person (if applicable)

Tick if not applicable:

Name: _____ Relationship: _____

Occupation: _____ Mobile: _____ Email: _____

Is your partner planning to take time off work? (Please circle) Yes No Undecided Not applicable

If yes, how much time? _____

Your healthcare provider & birth location

Type of provider: public system midwifery group practice private midwife private obstetrician

Primary healthcare provider's name: _____

Where are you planning to/did you give birth? _____

Your health information

Baby's estimated due date / date of birth: _____

What number pregnancy is this for you? _____ What number birth is this for you? _____

How many babies are you carrying? _____ Gender(s), if known: _____

Name(s), if decided: _____

How is/was your pregnancy? _____

If baby's already born, how was your birth? _____

Have you taken any parenting or breastfeeding classes? Y N If 'yes', where/with whom? _____

Paediatrician's Name: _____ Phone number: _____

Siblings' names & ages, if applicable: _____

Any others living in your household? Y N If 'yes', names & ages: _____

Do you have pets in the home? Y N If 'yes', what kind? _____

Does anyone in the house have any allergies? Y N If 'yes', who & to what? _____

Any family dietary preferences that I should be aware of? _____

Does anyone smoke cigarettes inside the house? Y N Vape inside the house? Y N

Drink alcohol? Y N If 'yes', how much & how often? _____

Do you have any history of depression or other emotional disorders? Y N

If 'yes', please elaborate: _____

Any medical issues or concerns I should know about? _____

How do you plan to feed your baby/ies? Breast Bottle Combination Undecided

Have you breastfed before? _____ Any problems? _____

What parenting books have you read? _____

Are there any parenting techniques you plan to use? Y N If 'yes', please elaborate: _____

Do you have any fears about your upcoming birth, postpartum, or parenting? _____

What are your primary goals in having a postpartum doula? _____

Will you want postpartum support during the day evening overnight combination undecided

Please mark any other services you are interested in: birth doula infant massage instruction

Do you have any other questions, comments or concerns? Is there anything else that I should know, in order to best support you? _____

How did you hear about me? (If you were referred, please let me know by whom, so that I may thank them!) _____

✿ Thanks! I look forward to working with you! ✿