Date _____

Doula Prenatal Intake

About You

Name		Birth Date			
Work Phone		Email			
Home Address					
City		State/Providence		Postal Code	
Directions					
Home Phone		Cell Phone			

Is a spouse or significant other involved?	☐ Yes ☐ No	
Name of spouse or significant other		
How many children do you have?		

About Care Providers

Primary Provider			
Address			
Pediatrician		Phone	
Childbirth Classes	☐ Yes ☐ No	With Whom?	
Breastfeeding Classes	☐ Yes ☐ No	With Whom?	
Other Classes			
Other health care providers that you see?			

Health History

General Health	
Pregnancy Health	
Special Concerns	
Allergies	(ex. food, drug, latex)
Diet	
Health Practices	(including exercise or diet)
History of Emotional Problems	
Describe Previous Pregnancies and Birth	

Name _____

Doula Prenatal Intake

Your Pregnancy and Birth

Any complications or problems with this pregnancy?			
Group B Strep?	☐ Yes ☐ No	Gestational Diabetes	☐ Yes ☐ No
Do you have cultural or religious needs?			
What are you expectations of your doula?			
What are your sources of anxiety?			
What are your previous experiences with anxiety and how you cope with it?			
What are your previous experiences with pain and how you cope with it?			
Are there any changes you want to make regarding this pregnancy and birth?			
How confident are you in your ability to change?			
Have you breastfed before? Problems?			

Name _____

Doula Prenatal Intake

Doula Birth Care Plan

	Identified Needs
Physiological Needs	
Safety Needs	
Social Needs	
Esteem Needs	
Educational Opportunities	
Goals for This Birth	
Plans to Address Needs	