



Postpartum Client Intake Form

Name_____ D/O/B_____

Spouse/Partners name_____

Address_____

Profession_____ phone_____

Email address_____

How did you hear about me?_____

Doctor's name_____

Doctor's phone number_____

Baby(s) birth date_____

Pediatrician's name_____

Pediatrician's address_____

Pediatrician's phone number_____

What hospital would you use in case of an emergency?_____

Baby(s) birth information:

Name/Sex_____ Name/Sex_____

Weight_____ Weight_____

Height/Length_____ Height/Length_____

Will you breast or bottle-feed your baby(s)?_____

Do you have any medical issues?_____

Does the baby(s) have any medical issues?_____

Postpartum Client Intake Form-Page 2

Did you have any difficulties with this pregnancy? _____

Did the baby(s) have any difficulties at birth? _____

Which pregnancy is (was) this numerically? _____

Please list any medications you are taking now _____

Please list any medications baby(s) is taking now _____

Please tell me briefly what your Birth Experience was like _____

Please tell me briefly what you will expect from your Doula? _____

I, the undersigned hereby agree that the aforementioned information is true to the best of my knowledge. I understand that my treatment will be that of emotional, physical and informational support. I also give my permission to receive this emotional, physical and informational support.

Signature _____ Date _____