

A Woman's Design Birth Doula & Childbirth Services

Client Profile

Mother's Name:

Partner's Name:

Address:

Home Phone:

Mom's Mobile:

Dad's Mobile:

E-mail Address:

Emergency Contact:

Home Phone:

Mobile Phone:

Occupation

Mom:

Work Phone:

Dad:

Work Phone:

Guess (Expected Due) Date:

Has your caregiver changed your Guess Date? No Yes If Yes, Why?

Do you know the baby's gender? Boy Girl It will be a surprise!

OB/Midwife:

Phone:

Caregiver's Practice Name and Address:

Hospital/Birth Center and Address:

Phone:

Other providers you see (ie: Chiropractor, Acupuncturist, Homeopath, Massage Therapists, etc):

Baby's Pediatrician:

Mom's Age and Date of Birth:

Total number of pregnancies:

Total number of live births:

Children's names and ages:

Do you have any allergies, sensitivities or diet restrictions?

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Medications you are taking (including prenatal vitamins, herbs, homeopathics, etc.):

Exercise type and frequency?

Mom – do you smoke? Y N Dad – do you smoke? Y N

Currently receiving care for any medical condition (not pregnancy!) or an contagious diseases?

Do you have any specific neck, back or pelvis issues?

What physical traumas/accidents have you experienced, in your lifetime that you can remember? (falls, car accidents, thrown by horse, broken tailbone, etc.)

If you have had a major trauma, was it addressed at the time of the incident?

Have you ever had any procedures done to your cervix?

Previous pregnancy complications/discomforts and treatment sought:

Current pregnancy complications/discomforts and treatment sought:

Prenatal Screenings? (Ultrasounds, Amniocentecis, CVS, RH Titers, Genetic Testing, Other)

Results of Group Beta Strep (GBS) test?

Results of Blood Glucose Screen?

Classes Attended (or going to attend by the time baby is born):

Class	Location or Instructor
Childbirth Classes - What Type?	
Breastfeeding Workshop:	
Prenatal Yoga:	
Other Prenatal Exercise Class:	
Parenting Class:	
Newborn Care:	
Infant CPR:	
Happiest Baby on the Block:	

What pregnancy and childbirth books have you read?

Besides you and your partner, who will be present at the birth?

Do you plan to write your list of birth preferences? Y N

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Do you need assistance with list of birth preferences? Y N

Do you plan to breastfeed your baby? Y N

Have you taken or do you plan to take a breastfeeding course? Y N

List any questions or concerns you have about breastfeeding.

Would you like meeting information about La Leche League (A support group for breastfeeding mothers who meet monthly and also provide phone support)? Y N

Would you like more information about “Baby Wearing” and the use of a baby sling? Y N

Are you planning on returning to work? If YES, when? N Y _____

Are there any particular topics that you would like more information about?

Are there any services you would like referrals for?