

The Essential Element

New Client Intake Form

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

Your Name *

First Name

Last Name

Your Partner's Name

First Name

Last Name

Doctor/ Midwife's / Practice name *

First Name

Last Name

Hospital for Delivery *

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Please Select



Country

E-mail

ex: myname@example.com

Home Phone *

 -

Area Code Phone Number

Cellphone

 -

Area Code Phone Number

About your baby

Estimated Due Date *

Month

Day

Year

Baby's Gender

- Boy
- Girl
- Unknown

Baby's name (if known)

Planned Method of Feeding

- Breastfeeding
- Formula Feeding
- Both
- Not sure but would like more information

About your health

Please state your general health

Do you have an chronic conditions I should be aware of?

Do you have any allergies I should be aware of?

Medications, Food, Essential Oils, etc....

Explain any complications you have had with this pregnancy, any restrictions your caregiver has given you, and any medications you are currently taking. *

Preperation for Birth

Have you given birth before? *

- No
- Yes, Vaginally only
- Yes, Cesarean only
- Yes, Vaginally and Cesarean

Have you taken or are you planning on taking any childbirth education classes? If so, what are they and where are you attending them?

Please list any other classes you have taken or plan on attending.

Ex: Breastfeeding, Infant Care, Infant CPR, Sibling classes, etc...

Who do you plan to have assist you with your labor? *

- Partner
- Doula
- Mother/ Mother-in-Law
- Sister
- Friend
- Other

Who do you want present for the delivery? *

Do you have a birth vision planned?

- Yes, It is a final copy
- Yes, but it is a draft and would like some help
- No, I would like some help writing one.
- No, I have no interest in one.

How do you feel about interventions in labor/delivery?

What type of pain management are you looking to have? *

- Comfort Measures
- IV Medication
- Epidural
- Other

What type of comfort measures would you like to use in labor?

- Distractions
- Breathing Patterns
- Massage
- Birth Ball
- Walking, Dancing, Swaying
- Water (tub/Shower)
- Hot/Cold Therapy
- Visualization/Imagery
- Focal Points
- Aromatherapy
- Music

What is your vision for this birth? *

Top 3 most important things

What are your expectations of me as your doula? *

Ex: When you would like me to arrive, What you would like me to do, How you would like me to help you prepare, etc...

Any other questions or concerns?

Submit

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