



Post Partum Doula Intake Form

Name: _____

Address: _____

Email: _____

Cell #: _____

Due Date: _____

Home # _____

Partner's Name: _____

Partners Cell #: _____

Referred by: _____

Are you taking time off from work and if yes, how long? _____

Will you partner be taking off time from work and if yes, how long? _____

Do you have any other adults living in your household? _____

Please tell us the names and ages of any other children you have: _____

How do they feel about the new baby? _____

Pediatrician's Name: _____ Pediatrician's Ph #: _____

Midwife or Ob-Gyn Name: _____ Midwife/Ob-Gyn Ph #: _____

Are there any medical issues or concerns we should know about? _____

Do you (or your family) have any history of depression or other emotional disorders? _____

Are there any pets in your home and if yes, what kind? _____

How is your baby currently feeding (breast, bottle, formula, etc)? _____

What parenting books have you read? _____

Are there any parenting techniques you plan to use? _____

What is your primary goal in having a postpartum doula? _____

Are there specific areas of newborn care you would like more support/guidance (setting a routine, breastfeeding, soothing/calming fussy baby, etc)? _____

Post partum doulas are happy to help with anything related to running the household. Is there any specific chores/activities that could help your new family (cooking nutritious meals, grocery shopping,

cleaning, folding laundry, organizing, baby wearing instruction/guidance, etc)?

Sleep

Do you plan on having your baby sleep in your room? If yes, where do you want your child to eventually sleep?

Are you comfortable with any crying? If yes, how much? If no, that's okay too.

Anything that you and your spouse/partner differ on when it comes to the infant and sleep?

What kind of overnight support is most essential when hiring someone (i.e. assistance with baby laundry, helping with sleep training, help learning how to take care of a newborn, breastfeeding help, etc)?

How many days/week would you like overnight help?

Are there specific nights of the week that you want help?

Referred by: _____

Other Services you *may be* interested in:

- Car Seat Safety & Installation
- Overnight Sleep Support
- Pre or Post-natal Nutrition
- Lactation Consultation
- Baby Led Weaning
- Cloth diapering
- Homemade formula
- Infant CPR
- Elimination Control (early potty training)