



Client Intake Questionnaire

Pregnant Person Full Name:

First Name

Last Name

Pregnant Person Email:

Pregnant Person Cell Phone:

(###) ###-####

Address:

Partner or Support Person Full Name (if applicable):

First Name

Last Name

Partner or Support Person Email:

Partner or Support Person Cell Phone:

(###) ###-####

Please provide names and ages of other members of the household, including children:

Estimated Due Date (or actual date of birth):

Care Provider (Doctor, Midwife, etc.):

MM/DD/YYYY

Type of Delivery (planned or actual):

Birth Location (planned or actual):

____Vaginal ____Cesarean



Are you planning to take time off from work?

- Yes
- No
- Undecided

If yes, how much time?

Is your partner or support person taking time off?

- Yes
- No
- Undecided

If yes, how much time?

How do you plan to feed your baby or babies?

- Breastfeed
- Bottle feed
- Both
- Undecided

Do you know if you will want postpartum doula services during the day, evening, overnight, or a combination?

- Daytime
- Evening
- Overnight
- Combination
- Not sure yet

Have you taken any Prenatal Classes? If so, please describe:

Have you read any books on baby care or parenting? If so, which ones?



Do you have a history of depression or other mood disorders?

Are there any medical concerns or conditions you feel I should know about?

Are there any known allergies in your family?

Do you have pets in your home? If so, what kind?

Does anyone smoke in the home?

Are there any cultural/religious customs you would like me to be aware of?

Do you have any preferred style of cooking or dietary restrictions?

What are your primary goals in having a postpartum doula?

What is the most important role I can fill for you and your family?

Is there anything else you would like to share?