



Client Information

name/partner's name

due date

address:

phones

email

healthcare provider

place of birth

Prior Pregnancy and/or Birth Experiences (skip if non-applicable)

total number of pregnancies, including this one

any history of fetal or infant loss?

have you experienced any complications with pregnancy?

number of previous vaginal deliveries

number of cesarean births

how did each of your labors begin?

did previous births happen before, on or after your due date?

length of time for labor(s)?

did you experience any complications during labor or birth?

Prior Breastfeeding Experience

have you breastfed?

did you have a positive breastfeeding experience?

Preparation for Birth

what childbirth class have you or will you attend?

will you be breastfeeding?

are you currently experiencing any specific health or other concerns that affect this pregnancy?

how do you see the role of your doula?

during labor and birth, emotions associated with prior sexual abuse can come to the surface. as your support, it may be helpful for me to be aware if this issue exists and what your triggers are or may be. as with all of your information, any information you share will be kept confidential.