



Postpartum Doula Prenatal Visit Form

Name _____

Address _____

Phone (Home) _____ (Cell) _____ (Work) _____

Partner's Name and Phone (Cell) _____ (Work) _____

Anticipated Due Date _____ Location of birth _____

What is the reason you would like to hire a Postpartum Doula _____

What length of time do you anticipate needing the services of a Postpartum Doula?

Please describe the help you anticipate needing from your Postpartum Doula

Are you planning on breastfeeding? _____

Have you attended any breastfeeding classes? _____

Are you planning to (circle one) Stay home with my baby or Return to work

Will your partner be home for some days after the birth? _____

Will any family be with you after the birth to visit and help? _____

Are there any other family living with you? _____

What kind of parenting style do you anticipate having for your baby? _____

Names and ages of other children that you have _____

If you have other children, please describe what was most helpful during your postpartum period with them?

Does anyone in your home smoke cigarettes? Yes No

If yes, do they smoke in the house? _____

Please mention anything else you feel important that I should know as your Postpartum Doula.

My contact information

Name _____

Address _____

Phone _____ Cell _____

Email _____

I look forward to serving you during your postpartum period,
while you grow together as a new family.

Birthworks[®]
International