



**JULIANNE CURTIS, SBD
BIRTH, POSTPARTUM, AND BEREAVEMENT DOULA SERVICES**

NEW CLIENT INTAKE FORM

Today's date:		Weeks Pregnant:				
MOTHER'S INFORMATION						
Last name:		First:	Middle:	<input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Baby's Estimated Due Date:		Where are you planning to deliver?		Your Birth date: / /		Age:
Street address:			Unit or Apt.		Home\Cell phone no.: ()	
City:		State:	ZIP Code:		Email Address:	
Employer Name		Employer Address			Employer phone no.: ()	
(If applicable) Partner's Name and Phone Number:						

MEDICAL INFORMATION					
Do you have health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will they reimburse you for doula services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		If you are unsure are you willing to contact your insurance company and find out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this your first pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tell me about any other pregnancies and their outcomes.			
If you have other children, please list their names and ages.					
Who is your OB\Midwife?		How has this pregnancy been so far?		Is your pregnancy considered high risk? If so, why?	
Do you have any medical conditions I should be aware of?					
Are you seeing any other health practioners or specialists? (Chiropractor, Massage Therapist, Acupuncturist, Nutritionist, specialist, and etc)					
How does stress play a part in your life right now?					
Tell me what your ideal birth experience would be like?					
Are there currently any resources you would like assistance with locating?					
Are you interested in postpartum doula services? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in birth doula services? <input type="checkbox"/> Yes <input type="checkbox"/> No					

IN CASE OF EMERGENCY				
Name of local friend or relative (not living at same address):		Relationship to client:	Home phone no.: ()	Work phone no.: ()
The above information is true to the best of my knowledge:				
_____ <i>Client signature</i>			_____ <i>Date</i>	

