

Babby Penner - Postpartum Doula Services

Congratulations on your pregnancy! Please, fill out this form so I can get to know you better and have an idea of how I can best support your postpartum.

ABOUT YOU

Name: _____

Date of birth: _____ Place of Birth: _____

Occupation: _____ Place of Work: _____

Are you taking time off work? If yes, how long? _____

Estimated due date: _____

Email Address: _____

Address: _____

Phone # (home): _____ Phone # (Mobile): _____

Marital Status: Married/Common Law Single Divorced/Separated

Partner's Name (if applicable): _____

Partner's Phone #: _____

Partner's Occupation: _____ Place of Work: _____

Is your partner taking time off work? If yes, how long? _____

Other Children's names and ages: _____

Other adults living in the home: _____

Who are your 3 top support people? (please write their names, phone number and their relationship to you): _____

Pets and Names: _____

Plan for child care during birth: _____

Plan for pet care during birth: _____

ABOUT YOUR HEALTH CARE PROVIDER

Doctor/Midwife: _____

Address: _____ Phone Number: _____

Planned place of birth: _____

ABOUT YOUR PREGNANCY AND BABY

Baby Gender: ___ boy ___ girl ___ unknown

Baby's name(if known): _____

Was this a planned pregnancy? _____

How do you feel about this pregnancy? _____

Any difficulty conceiving? _____

Any Special technology used? _____

Method of birth control prior to conception: _____

Any previous miscarriages? _____

Any concerns about this pregnancy? _____

Any medical complications during this pregnancy? _____

Expected type of delivery: ___ vaginal ___ caesarean

ABOUT MOM'S HEALTH HISTORY

Any allergies? _____

Diet restriction (vegetarian, vegan...)? _____

Medications: _____

Do you drink Alcohol? _____ Quantity/frequency? _____

Do you smoke? _____ Quantity/frequency? _____

Did you use any drugs/substance during pregnancy? _____

Do you consider your self physically active? _____

Have you ever experienced depression/anxiety? _____

Have you ever been medicated for depression/anxiety? _____

Any history of personal trauma? (abuse, rape, incest, etc.) ? ____ yes ____ no/prefer not to
talk about it.

ABOUT BIRTH AND BABY

Do you have a birth plan?

What is your plan for coping with potential pain of Labor?

Do you have any fears about your upcoming birth, postpartum period, or parenting?

POSTPARTUM HELP

How long do you anticipate needing help after baby is born? _____

What days and times would you like me to come? _____

What are your expectation of me as a doula? (when you would like me to arrive, what would you like me to do?)

Any other information or comments that you feel is important for me to know to better support you?

Are there any question you have for me regarding your labour or postpartum? Feel free to write down anything you would like to discuss with me.
