

Fruit of the Womb  
Birth Doula Client Intake Form

\*\*\*All information will be kept confidentially in your personal client file\*\*\*

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Name, preferred name, pronouns \_\_\_\_\_

Partner name, preferred name, pronouns \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Partner Email \_\_\_\_\_ Partner phone \_\_\_\_\_

Address \_\_\_\_\_ How did you find me? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact name and number \_\_\_\_\_

Name and location of pregnancy and birth care providers \_\_\_\_\_

\_\_\_\_\_

Planned place of birth, including address \_\_\_\_\_

\_\_\_\_\_

Estimated due date \_\_\_\_\_ How many weeks pregnant are you today? \_\_\_\_\_

If you have been pregnant before, please describe any information regarding childbearing history that you feel comfortable sharing, including ages of living children and where they were born. Feel free to take up more space!

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Please tell me a little bit about your experience of this pregnancy so far.

\_\_\_\_\_

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\_\_\_\_\_

Are you currently breastfeeding? \_\_\_\_\_

Are you currently working? \_\_\_\_\_ If so, please describe the nature of your \_\_\_\_\_

work \_\_\_\_\_

Please share anything about your diet, exercise, sleep, physical symptoms, health conditions, medications, etc. that you would like me to know.

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Please describe anything about your emotional, mental, and/or spiritual well-being that you would like to share.

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Please share any significant history of surgeries, accidents, physical and/or emotional traumas or other significant/relevant life events or situations that feel relevant and/or that you feel comfortable disclosing. Again, feel free to take more space!

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What personal well-being practices do you do regularly (for example, meditation, yoga, taichi, nature walks, cuddling kittens)? \_\_\_\_\_

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How have you and your partner been preparing for birth and parenthood? \_\_\_\_\_

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What else are you wanting or planning to learn/do to prepare in the coming weeks/months, and is there anything you would to ask of me to support that process? \_\_\_\_\_

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What would you like me to know about your cultural or religious identity, history, practices, community, or family environment? \_\_\_\_\_

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What helps you feel safe and supported and free to express yourself? What images, memories, phrases, places, or practices help you bring up these feelings on a visceral level?

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Please tell me a little bit about how you imagine I can best support you during labor. Don't worry about my whole job description (I've got that part). Just be as specific as you can at this time about your personal preferences. For example, do you love touch and massage? Do you dislike strong smells or love essential oils? Do you need to have your alone time protected? Are you concerned about your partner's nervous energy? It's fine if you have no idea. Just write whatever comes to mind for now.

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What else you would like me to know about you? \_\_\_\_\_

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What would you like me to know about your partner? \_\_\_\_\_

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If you have children, what would you like me to know about them? \_\_\_\_\_

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Where will your children be during labor and birth and the immediate post-partum period? \_\_\_\_\_

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What kind of support will you have during the first 6 weeks postpartum? \_\_\_\_\_

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Do you plan to breastfeed? \_\_\_\_\_ Are you feeling confident, supported, and resourced  
around feeding your baby? \_\_\_\_\_

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Do you have any questions for/about me? \_\_\_\_\_

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Thank you for taking the time to complete this lengthy form. I appreciate your help in getting to know you so that I can provide personalized, sensitive, and respectful care to you and your family. Please don't be shy to share more and ask questions.

