



## Getting to Know Your Birth Clients

You are invited to share some of your personal history with me so that I may better serve you. Please share as little or as much as you feel comfortable. Feel free to skip questions and/or attach extra pages if necessary. Some questions are designed to be answered individually as noted (the birthing person will be referred to as "Client"). While others are designed for you to answer with your partner (*if applicable*).

### Confidentiality

For the purposes of providing the best quality care, I hereby give permission for my Doula to keep record of the personal information I choose to disclose herein. I understand that Doulas are non-medical care providers and are not bound by HIPAA, but that the information I choose to provide will be kept confidential. This information will be used for the purposes of providing doula services, and may also be shared with any doula providing backup support and/or Bloom Baby LLC. Upon completion of our contract, I understand this form will be deleted/shredded by my Doula to protect my privacy.

Signature / Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Partner's Name & Phone #: \_\_\_\_\_

Children's Names & Ages: \_\_\_\_\_

### Client

1. Age, occupation:

2. Please share some information about your family of origin – i.e., your childhood, siblings (*if any*), parental dynamics & family relations:

3. Religious Preferences and/or Cultural/Family Traditions (*if any*):

4. Please share any information you have about your own conception, gestation, birth & first few weeks of life after delivery. Please include interventions such as medication used at birth and whether you were breastfed etc:

5. Is there anything you wish to share in regards to information about previous pregnancies, births, and/or postpartum experiences:

6. Have there been, or do you anticipate any complications with your pregnancy? Are you currently under treatment and/or taking any medications?

7. Have you ever experienced any kind of abuse (physical, emotional, sexual)? Please circle one of the following answers:

\_\_\_\_\_ No

\_\_\_\_\_ Not that I know of, but I'm unsure.

\_\_\_\_\_ Yes, but I do not wish to discuss it at this time. I understand that I may bring it up for conversation at any time.

\_\_\_\_\_ Yes. I'd like to explain further:

## Partner

1. Age, place of birth, occupation:

2. Please share some information about your family of origin - i.e., your childhood, siblings (*if any*), parental dynamics & family relations:

3. Religious Preferences and/or Cultural/Family Traditions (*if any*):

4. Please share any information you have about your own conception, gestation, birth & first few weeks of life after delivery. Please include interventions such as medication used at birth and whether you were breastfed etc:

5. Is there anything you wish to share in regards to information about previous pregnancies, births, and/or postpartum experiences:

6. Have you ever experienced any kind of abuse (physical, emotional, sexual)? Please circle one of the following answers:

\_\_\_\_\_ No

\_\_\_\_\_ Not that I know of, but I'm unsure.

\_\_\_\_\_ Yes, but I do not wish to discuss it at this time. I understand that I may bring it up for conversation at any time.

\_\_\_\_\_ Yes. I'd like to explain further:

### Client (& Partner *If Applicable*)

1. Was this a planned pregnancy? How did each of you feel when you found out you were pregnant?

2. Have there been any major transitions or life changing events since conception?

3. Are you or have either of you been involved in counseling or other therapeutic modalities that you'd like me to be aware of? If so, what kind, and when?

4. What type of birth are you planning for and where do you plan to deliver? If you could wave a magic wand and get exactly what you want for your birth experience, what would it look like?

5. What do you hope for and expect from me as your doula?

## Postpartum Planning

1. Have you read any books or attended any classes about Newborn Care?

2. If you have a partner, will he/she be home with you after you give birth? If so, for approximately how long?

3. Will any other family members or friends be available after the baby is born?

4. How do you plan to feed your baby? (Bottle, Breast, Specialty Feeding System, etc...)

5. Have you experienced, or do you anticipate any feeding complications?

6. Are there any medical or physical conditions that you anticipate needing additional resources and/or referrals for?

7. Do you plan to work outside of the home after the baby's birth? If so, when do you plan to return to work?