



## Getting to Know Your Postpartum 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. Is there anything you wish to share in regards to information about previous pregnancies, births, and/or postpartum experiences:

5. Have you been involved in counseling or other therapeutic modalities that you'd like me to be aware of? If so, what kind, and when? Are you currently under treatment and/or taking any medications?

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

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

5. Have you been involved in counseling or other therapeutic modalities that you'd like me to be aware of? If so, what kind, and when? Are you currently under treatment and/or taking any medications?

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

\_\_\_\_\_ 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 major transitions or life changing events since conception?

3. What type of birth are you planning for and where do you plan to deliver?

4. Have there been, or do you anticipate any complications with your pregnancy?

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

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

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

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

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

10. Will any other family members or friends be available to offer support after the baby is born?

11. Do you have any pets?

12. Do you, or does anyone else in your home, smoke?

13. Does any member of the family have allergies that I should be aware of?

14. Are there any medical or physical conditions that I should know about? Are you currently under treatment and/or taking any medications?

15. If you could wave a magic wand and get exactly what you want for your postpartum experience what would it look like?

