

# The Essential Element

New Client Intake Form

Congratulations on your pregnancy! Thank you for taking the time to fill out this form so I can get to know you better and have an idea of how I can best support you during your pregnancy, birth and postpartum!

## Your Name \*

First Name      Last Name

## Your Partner's Name

First Name      Last Name

## Doctor/ Midwife's / Practice name \*

First Name      Last Name

## Place of Delivery \*

## Address

Street Address

Street Address Line 2

City      State / Province

Postal / Zip Code      Country

## E-mail

example@example.com

## Home Phone \*

Area Code

Phone Number

## Cellphone

Area Code

Phone Number

## About your baby

### Baby's Gender

Boy

Girl

Unknown

### Baby's name (if known)

### Planned Method of Feeding

Breastfeeding

Formula Feeding

Both

Not sure but would like more information

## About your health

### Please state your general health

### Do you have any allergies I should be aware of?

**Explain any complications you have had with this pregnancy, any restrictions your caregiver has given you, and any medications you are currently taking. \***

### **Preparation for Birth**

**Have you given birth before? \***

No

Yes, Vaginally only

Yes, Cesarean only

Yes, Vaginally and Cesarean

**Have you taken or are you planning on taking any childbirth education classes? If so, what are they and where are you attending them?**

**Please list any other classes you have taken or plan on attending.**

**Who do you plan to have assist you with your labor? \***

Partner

Mother/ Mother-in-Law  
Sister  
Friend

**Who do you want present for the delivery? \***

**Do you have a birth vision planned?**

Yes, It is a final copy  
Yes, but it is a draft and would like some help  
No, I would like some help writing one.  
No, I have no interest in one.

**How do you feel about interventions in labor/delivery?**

**What type of pain management are you looking to have? \***

Comfort Measures  
Natural Medicine  
IV Medicine  
Epidural

**What type of comfort measures would you like to use in labor?**

Distractions  
Breathing Patterns  
Massage  
Birth Ball  
Walking, Dancing, Swaying  
Water (tub/Shower)  
Hot/Cold Therapy  
Visualization/Imagery  
Focal Points  
Aromatherapy

Music

**What is your vision for this birth? \***

**What are your expectations of me as your doula? \***

**Any other questions or concerns?**