



GREAT BEGINNINGS

Information Form

Client's Name: _____

Birth Date: _____ Expected Due Date: _____

Address: _____

E- Mail address: _____

Home Phone: _____ Cell: _____ Work: _____

Occupation: _____

Partner's Name: _____

Birth Date: _____ Occupation: _____

Cell: _____ Work: _____

Medical Caregivers Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Address: _____

Relationship: _____

How did you hear about me: _____

Medical history:

How many pregnancies have you had: _____

Please list any medications you are taking now: _____

Have you had any difficulties during this pregnancy? If so, what are they: _____

Do you / or your partner have any health issues, allergies or concerns? If so what are they: _____

Do you or your partner have any dietary restrictions or needs? If so what are they: _____

Does / or will your new born baby have any health issues? If so what are they: _____

Please tell me briefly what you would like from your Doula: _____

I agree to inform Shannon-Tara as early as possible when I begin to go into labour so she can be prepared.

I, the undersigned hereby agree that the aforementioned information is true to the best of my knowledge. I understand that my treatment will be that of emotional, physical and informational support. I also give my permission to receive this emotional, physical and informational support.

Signature: _____

Date: _____