



**GreatBeginnings**  
*Doula Services*  
Serving the Okanagan since 2012

**Information Form**

Expected Due Date: \_\_\_\_\_

**Client's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

E- Mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Partner's Name:** \_\_\_\_\_

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: \_\_\_\_\_

Is this your first child? \_\_\_\_\_

Please list any medications you are taking now: \_\_\_\_\_

\_\_\_\_\_

Have you had any difficulties during this pregnancy? If so, explain: \_\_\_\_\_

\_\_\_\_\_

Do you / or your partner have any health issues, allergies or concerns? If so explain: \_\_\_\_\_

\_\_\_\_\_

Do you or your partner have any dietary restrictions or needs, or allergies? Explain: \_\_\_\_\_

\_\_\_\_\_

Does / or will your new born baby have any health issues? If so explain: \_\_\_\_\_

\_\_\_\_\_

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, not medical. I also give my permission to receive this emotional, physical and informational support.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_