



CLIENT INFORMATION SHEET

Date of 1st Meeting _____ 2nd Meeting _____ 3rd Meeting _____

Estimated Due Date _____ Fee _____ Contract signed _____

Mother _____

Partner _____

Address _____

Mother's Phone (cell) _____ Ok to text for business purposes? _____

Partner's Phone (cell) _____ Ok to text for business purposes? _____

Email Address _____

Care Provider _____

Location where birth will take place _____

Who else will attend the birth _____

Back-up doula _____

Have you attended Childbirth Education Classes? _____

If yes, with whom? _____

Do you have a birth plan? _____ Pain Preference Scale? _____ Code Word? _____

Planned role for doula _____

Any special requests _____
