**Natural Grace Doula Services**

**Assonta Wagner, Birth Doula**

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| Mother’s Name: | Age: |
| Pregnancies:  | Complications: |
| Father’s Name: |
| Siblings:  |
| Address: |
| Mother’s phone: |
| Alternate phone: |
| Directions to home: |
| Due Date: |
| Caregiver: |
| Place for birth: |
| Birth attendees: |
| Back up Doula information |
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| Attended Childbirth classes? Y N With whom: |
| Birth Plan made: Y N   |
| Pain Medication preference: |
| Code Word: |
| Medical interventions  |
| Planned role for doula: |
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| Special requests |
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| **Prenatal**: How has the pregnancy progressed: |
| Are there any complications or medical issues: |
| Labor and Birth:Specific concerns or worries about labor and birth: |
| Mother:Father: |
| What helps you relax:What should we NOT do: |