**Natural Grace Doula Services**

**Assonta Wagner, Birth Doula**

**08064801144**

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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 | | |
|  | | |
| 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: | | |