



**Client Information Form**

|            |                                   |
|------------|-----------------------------------|
| Mom's Name | Partner's Name                    |
| Address    | Email                             |
| Phone #1   | Phone #2                          |
| Due Date   | Care Provider & Place of Delivery |

1. Have you taken (or do you plan on taking) childbirth education classes? Yes/No  
If so, where do you plan on taking classes?
2. Is this your first birth? Yes/No  
Your partner's first birth experience? Yes/No
3. What would you say is the most important quality and/or service that you are looking for in a doula?
4. Is there any other important information your doula should know?