

**Prenatal Intake Form**

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This form is designed to help me give you personalized and effective care in the coming months. Please fill out this client intake form and send a picture or PDF to [forclients@carverdoula.com](mailto:forclients@carverdoula.com).

Mom's name and due date:

Phone number:

Email address:

Place of birth (if set):

Doctor/Midwife's Name:

Names of support persons attending birth and their relationship to Mom:

How many children do you currently have?

How many labors have you undergone?

How many pregnancies have you had?

Do you plan to attend childbirth classes?

How do you plan to feed your child once he/she is born?

Please describe past labor and birth experiences you have had in the past, if applicable.

Have you experienced any discomforts in pregnancy so far? If so, please describe.

Do you have any pre-existing medical conditions or complications?

Please describe your ideal birth, to the best of your knowledge.

Please describe any concerns or obstacles you have about attaining your ideal birth.

What comfort and relaxation techniques do you generally find helpful in your day to day life?

What methods do you generally find helpful when coping with stressful situations?

Would you like pictures taken at any point during the labor and birth process?

Do you have any other questions or concerns?