**Initial Consultation Sheet**

**Full Name:**

**Phone:**

**Partner:**

**Email:**

**Address:**

**EDD:**

**Previous births or pregnancies? Any health issues?**

**Beliefs, expectations and fears for this pregnancy birth?**

**What are her hopes for the birth? What’s her ideal birth?**

**What support is she seeking from you as her doula?**

**Initial Consultation Sheet**

**It was lovely meeting with you today! As a result of our discussion, here are some suggestions which may help you. I hope you find this a useful tool for your pregnancy, birth and parenting journey. ☺**

**General suggestions:**

**Fears or issues to address:**

**Doula support (role, qualities, visits, packages):**

**Resources (books, DVDs, articles, websites, support groups):**