



FAMILY INTERVIEW

Mother: _____ Partner: _____

Home Address: _____ Phone: _____

Mom's Cell: _____ Mom's Email: _____

Partner's Cell: _____ Partner's Email: _____

Birth window: _____ Place of Birth: _____

Provider: _____

Previous Pregnancies:	Date:	Comments:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Any chronic illnesses or past injury that might affect this pregnancy or birth? (asthma, diabetes, etc.)

*Addictions (past or present) that will affect this pregnancy

*Are there any issues concerning the pregnancy that will help me better understand how I can help you?

*Let's talk about "Collective" birth planning

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Who will be with you while you are in labor?

Champion: _____ Role: _____

Labor Support: _____ Role: _____

Birth Team: _____

*How do you usually make yourself comfortable when you are in pain? _____

*How do you see me helping you in labor? _____

*Is there anything that you want to experience during labor? _____

*Is there anything you would like me to know about you in general so that I can better help you? _____

*What kind of support will you have after the baby comes home? _____

*What questions do you have about breastfeeding? _____

*Religious preferences? _____

*Dietary preferences or restrictions/ _____

*Are there any relationships in your life that make you feel uncomfortable or unsafe?

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