



Please provide all details requested in black / blue ink and return to: Blossoms Doula Service Ltd, PO Box 52069, London SW2 9DB

## 1. About you

Please take a few moments to help us get to know you better. All details provided are held in the strictest confidence and will be used to provide you with the best service possible.

Title Mr/Mrs/Miss/Ms (please state) \_\_\_\_\_

Forename(s) \_\_\_\_\_ Surname/Maiden Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Religion \_\_\_\_\_

Is English your first language? (if not please state) Yes  No

## 2. Your birthing experience

Please provide details of any previous birthing experience. This information will be used to help us provide you with any further information and support.

What is the due date of your baby? \_\_\_\_\_

Is this your first child? Yes  No

If this is not your first pregnancy, briefly tell us about your previous birth experience?

Have you had a Doula before? Yes  No

### 3. How can we help?

Please tick the boxes you feel would be helpful to you and would like as part of your Doula service. This will enable us to provide you with a Doula that compliments your needs.

Light housekeeping (including laundry)

Routine infant care

Caring for older siblings

Care of pets

Errand running (dropping off / collecting children from school, shopping etc)

Meal preparation

Mother care (helping mum to take care of herself)

Relaxation techniques

Breast feeding advice

Is there anything not included in the above list that you would find helpful? (please state)

Which package most suits your needs?

**Post Natal Support**

A post natal doula provides help, comfort and care for both mother and infant after birth.

**Birth Package**

A birth doula provide you with professional non medical assistance during your labour.

**Birth Package and Post Natal Support**

A combination of both packages for support both before and after your birthing experience.

Do you have any special requirements which your Doula may assist you with?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please tell us how you heard about Blossoms Doula Service? \_\_\_\_\_