



# Wise Warrior Doula Services

## Client Information Sheet

Date of 1<sup>st</sup> meeting: \_\_\_\_\_ 2<sup>nd</sup> meeting: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Due Date: \_\_\_\_\_ Baby's Sex (if known) \_\_\_\_\_

Mother: \_\_\_\_\_

Partner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number (hers): \_\_\_\_\_

Phone number (his/alt): \_\_\_\_\_

Email: \_\_\_\_\_

Care Giver: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Who else will attend the birth? \_\_\_\_\_

Photography plan: \_\_\_\_\_

Previous pregnancy/birth? Children – names/ages

\_\_\_\_\_

\_\_\_\_\_