

# Client Questionnaire

Please fill out and return with one copy of service agreement, client confidentiality release form, and a deposit (via check or Paypal) for one half of your anticipated hours to:

**Tender Times ♥ Postpartum Support**  
14 Buena Vista Way West, Bloomingdale, NJ 07403  
973-291-8200 elaine@tendertimesdoula.com

Name \_\_\_\_\_ Due date \_\_\_\_\_

Partner's Name \_\_\_\_\_

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

Mother's Contact: home: \_\_\_\_\_ work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Partner's Contact: home: \_\_\_\_\_ work: \_\_\_\_\_ E-mail: \_\_\_\_\_

How many hours do you wish to contract for? \_\_\_\_\_ How many days per week? \_\_\_\_\_

At what hour of the day? \_\_\_\_\_

Do you plan to work outside the home after the baby's birth? yes no

When do you plan to return to work? \_\_\_\_\_

Will your partner be home with you after you give birth? yes no For how long? \_\_\_\_\_

Will any other supportive family members or friends be available to help you after the baby is born? yes no

Their names \_\_\_\_\_

When will they be available? \_\_\_\_\_

Are you planning to breastfeed? yes no maybe

Would you like more information on the benefits of breastfeeding for you & your baby? yes no maybe

Do you feel your partner is supportive of your decision? yes no

Elaborate if you care to \_\_\_\_\_  
\_\_\_\_\_

If yes, have you read any books/pamphlets on the topic? yes no

Do you expect to need help with breastfeeding? yes no

Have you been in touch with La Leche League?    yes    no

Do you plan to attend a La Leche League meeting before the baby is born?    yes    no

Are other family members who will be helping you supportive of breastfeeding?    yes    no

The names and ages of your other children: \_\_\_\_\_

\_\_\_\_\_

Do you or any other family members have any allergies (food/medications/environmental, etc.) that I need to be aware of?    yes    no

If yes, please detail here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you or any other family members smoke? (I do not smoke.)    yes    no

Do you have any pets that will need care?    yes    no    Names: \_\_\_\_\_

Circle what you think your postpartum needs will be:    baby care instruction;    breastfeeding support;  
sibling care;    housework;    cooking;    baby laundry;    errands;    Other? \_\_\_\_\_

Do you or any member of your family have any special dietary needs/ requirements/ restrictions that I need to keep in mind? \_\_\_\_\_

\_\_\_\_\_

Please list the names and contact information for three relatives, friends etc., who I have your permission to contact in case of an emergency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the name and phone number of the health care provider for your baby? \_\_\_\_\_

\_\_\_\_\_

The name and phone number of your obstetrician/midwife? \_\_\_\_\_

Please list and identify other emergency phone numbers, such as an older child's school, your partner's office or work number \_\_\_\_\_

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Have you ever been treated for depression or bipolar disorder? \_\_\_\_\_

Do you suffer from PMS?    yes    no                    If yes, circle one:            mild    moderate    severe

Are you currently taking medications to treat depression? \_\_\_\_\_

Are you currently depressed or down?    yes    no

Is there anything else you consider important that I need to know about you and/or your family or situation?

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What do you think will be your biggest need after your baby is born? \_\_\_\_\_

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Please provide directions to your home and any special access/parking info etc.

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How did you hear about Tender Times ♥ Postpartum Support? \_\_\_\_\_

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To ensure service when you need it, please complete and return this questionnaire with your signed letter of agreement and a deposit check made payable to:

Elaine Petrowski

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