

Client Questionnaire

Please fill out and return with one copy of letter of agreement 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 phone numbers home _____ work _____

E-mail _____

Partner's phone numbers home _____

work _____

How many hours of doula service 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 and 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/soaps etc.) that I need to

be aware of? 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? no yes names _____

Circle what you think your postpartum needs will be-- baby care instruction, breastfeeding support, sibling care, housework, cooking, baby laundry, errands etc.

Other? _____

Do you or does 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

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?

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

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

How did you hear about Tender Times ♥ Postpartum Support?

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

**14 Buena Vista Way West,
Bloomingdale, NJ, 07403**

Questions? Please Call 973-291-8200 or e-mail to elaine@tendertimesdoula.com
