



# Labor Doula Services

Name: \_\_\_\_\_ Date \_\_\_\_\_

Expected Due Date \_\_\_\_\_ # of Pregnancies \_\_\_\_\_ # of Births \_\_\_\_\_

Issues During and/or Concerns about this Pregnancy?

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Concerns about the Upcoming Birth?

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Concerns about Baby?

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Other Concerns that May Impact Your Pregnancy and/or Birth?

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\*\*\*Please, sign and date this form acknowledging that the information you have provided is complete and correct. You also agree to inform your Hopewell Center Service Provider of any changes pertaining to this information. You also acknowledge that you have read the Hopewell Center for Perinatal Services Client Policies and agree to abide by them. You also acknowledge that you have read and understand your Client Bill of Rights. Your personal information is protected by the HIPAA law and this office will abide by the law.\*\*\*

Sign \_\_\_\_\_

Date \_\_\_\_\_

Witnessed By \_\_\_\_\_

Date \_\_\_\_\_

Updated 8.19.2008