**PHILLY DOULA CO-OP REQUEST**

**Thank you for reaching out to the PHILLY DOULA CO-OP. Upon submission of this form, our intake coordinator will contact you by phone.**

**This short intake will give you opportunity to ask questions as well as provide us with additional information so we may better help you with your search.**

**I/We are looking for:**

**BIRTH DOULA POST PARTUM DOULA BOTH**

**NAME:**

**E.D.D:**

**EMAIL:**

**PHONE:**

**ADDRESS:**

**D.O.B:**

**TIER REQUEST:**

**WEEKS PREGNANT:**

**PARTNER’S NAME:**

**PHONE:**

**EMAIL:**

**BIRTH LOCATION:**

**PROVIDER**:

**TEL NO**:

**PREGNANCIES:**

**CHILDREN:**

**HOW DID YOU HEAR OF OUR CO-OP?**

**ARE THERE ANY HIGH RISK FACTORS WITH THIS PREGNANCY?**

**HAVE YOU HAD ANY DIFFICULTIES WITH THIS PREGNANCY?**

**WHAT ARE YOUR EXPECTATIONS IN HAVING DOULA SUPPORT?**

**PERSONALITY OF YOUR DOULA?**

**BREASTFEEDING:**

**POST PARTUM SUPPORT:**

**HOW MUCH TIME OFF FROM WORK?**

**CURRENT EMPLOYMENT: (BOTH)**