



DANBURY HOSPITAL  
REQUEST FOR DOULA SERVICES  
REGISTRATION FORM  
DOULA PROGRAM – 203-739-6932

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

Estimated due date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of doctor, midwife or practice: \_\_\_\_\_

How did you hear about the doula program: \_\_\_\_\_

Is this your first baby: \_\_\_\_\_

If not, did you have a doula with your prior birth(s): \_\_\_\_\_

If possible, would you like the same doula at this birth: \_\_\_\_\_

Doula Name: \_\_\_\_\_

Planned Support People

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

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

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

Breastfeeding? \_\_\_\_\_ Bottle Feeding? \_\_\_\_\_

Please mail this registration form to: Doula Program, Danbury Hospital, 24 Hospital Ave,  
Danbury, CT 06810

For payment (\$250.00) please call 203-730-5800

D02876 Rev 3/21, 5/21

### Birth Options

These are our plans for childbirth, assuming that labor and delivery progress normally. We know this may not always happen. If further decisions need to be made as labor progresses, we would like to be fully informed of risks, benefits and alternatives to any change in our plans.

1. Our wishes for labor and birth:

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2. Our concerns about labor and birth:

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3. Comfort measures I will enjoy most:

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4. My feelings about medications for pain:

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5. Our wishes in case of a cesarean birth:

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6. At the time of birth and immediately following, we wish:

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