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
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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