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

Name: ___________________________________________________________

Address: _________________________________________________________________________________________

Town/City: __________________________ Zip code: __________________________

Estimated due date: _________ Phone Number: __________________________

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: _______________________________________________________________________________________

Breastfeeding? ________________ Bottle Feeding? ________________________________

Please mail this registration form to: Doula Program, Danbury Hospital, 24 Hospital Ave, Danbury, CT 06810 or Fax to 203-749-9022

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

D02876 Rev 3/21, 5/21, 6/22
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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Our concerns about labor and birth:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Comfort measures I will enjoy most:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. My feelings about medications for pain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Our wishes in case of a cesarean birth:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________