



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

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:
