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? ____________________

For more information or to register and make payment, please call 203 739 6831 or email danburyprogramsforparents@nuvancehealth.org

D02876 Rev 3/21, 5/21, 6/22, 2/24
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:
______________________________________________________________________________
______________________________________________________________________________