

DataPoints Child Intake Form

Due Date: _____ Trimester Medical Care Begin: _____

DOB: _____ Pregnancy Outcome: _____

First Name: _____ Last Name: _____

Birth Weight: pounds _____ Birth Weight: ounces _____

Delivery type: ☐ Vaginal ☐ Cesarean

Gender: ☐ Female ☐ Male

Race: ☐ African American/Black ☐ American Indian/Alaska Native ☐ Asian

☐ Caucasian/White ☐ Native Hawaiian/Pacific Islander ☐ Declined to answer

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Declined to answer

Medical Insurance: ☐ Medicaid ☐ KidCare ☐ Other ☐ None

Gestational Outcome: ☐ Full Term ☐ Premature

Breast milk in first week? ☐ Yes ☐ No

Child is a Twin? ☐ Yes ☐ No

DOULA DATA

Doula Assigned: _____

Birth Attendance: Who Attended the Birth?

<i>Doula</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Father</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Participant's Mother</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Father's Mother</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Sibling or Friend</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Participant's Significant other</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reason for Missed Birth: ☐ Medical Provider Restrictions ☐ Birth Before/After Doula Present
☐ Doula not Contacted while the participant was in labor
☐ Department of Correction Restrictions ☐ Other

Hospital Name: _____

Doctor/Midwife known to participant? ☐ Yes ☐ No Epidural given: ☐ Yes ☐ No