

DataPoints Doula Hospital Service Form

Services Attendees

Date of Service: _____

Primary Staff: _____

Additional Staff: _____

Participant: _____

General Service Details

Service Results: ☐ Virtual Support ☐ Birth While Doula Present Birth ☐ Before/After Doula Present
☐ No Birth

Start Time: _____

Duration in Hours: _____

Father Participated? ☐ Yes ☐ No

Service Initiated: ☐ Participant ☐ Staff Person ☐ Other

Referral Section

Referral Category:

Agency Referred to: _____

Referral Result: ☐ Services Received ☐ Services Denied/Ineligible ☐ Services Refused ☐ Wait Listed
☐ Already Receiving ☐ Unknown ☐ Follow Up Not Possible

Reason for Referral Refusal: ☐ Problem Accessing Services ☐ Not Ready to Access Services
☐ Believed Services Were Not Necessary ☐ Believed Symptoms Due to
Temporary Situation ☐ No Reason Given ☐ Other

Referral Categories:

Child Care
Domestic Violence
Early Intervention
Education
Emergency Assistance
Employment/Job Service
Family Planning
Foster Care/Adoption
Homelessness or Transience Issues Insurance
Lactation Consultant
Legal Services
Medical/Health
Mental Health-Maternal Depression
Mental Health-Other
Infant Mental Health
Other Parenting, Family, Teen Programs
Substance Abuse
TANF
Transportation (incl. Car Seats),
WIC and Nutrition/Food Resources
Other