GLOBAL PERINATAL SERVICES
PREGNANCY, PARENTING & BEYOND

Doula Referral Intake Form

Intake Date: _____

Due Date: _____

Demographic Information

Name : _____

DOB: _____ **Age:** _____

Address: _____

Phone: _____ **2nd Phone:** _____

OK to Leave VM: _____ **Email address:** _____

Primary Language: _____ **Secondary Language:** _____

Race: _____ **Ethnicity:** _____

Religious Affiliation: _____ **County of Birth:** _____

Relationship status: ☐ Married ☐ Single ☐ Partnered ☐ Divorced ☐ Widowed

Name of Spouse/Partner: _____ **Phone:** _____

Pregnancy History

# of Pregnancies (include this one): _____ **# of Previous Births:** _____

Attempting VBAC: _____ **# of Prior C-Section:** _____

Location of Birth: _____ **Name of Provider:** _____

Who Will Attend Birth: _____

Transportation Plan For Labor: _____

Eligibility Checker

Does referral receive any of the following benefits?

☐ **WIC** ☐ **DSHS**
☐ **TANF (Workforce)** ☐ **PHN/NFP**
☐ **Medicaid/Apple Health**

Program Requirements:

- Medicaid, WIC, Public Health Nursing (PHN) or DSHS benefits recipient
- King or Peirce County Resident
- Immigrant, Refugee or African-American

Insurance Provider: _____

Provider One #: _____

Member ID #: _____

Additional Notes:

_____

_____

_____

Referred By: _____ **Phone:** _____ **Clinic:** _____

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