South Community Birth Program
Doula Assignment Form

Doula: *A woman who gives continuous physical, emotional and informational support during labour and birth.*

Name:

What are the cross streets closest to your home:

What is your estimated due date: What is your age:

Other children:

Your first language: Other languages spoken:

Is it important that your doula speaks your first language: Yes ☐ Not Important ☐

Do you have specific requests or preferences you would like the doula coordinator to consider when assigning your doula (the doulas background, age, belief system):

Are there any special considerations (not medically related) you would like the doula coordinator to know about:

The doula coordinator may contact you when assigning your doula; what is your preferred telephone number? Home: Cellular:

Due to the nature of the program, doulas are **assigned to SCBP clients by the Doula Coordinator; however the Coordinator will do her best to consider your requests.*

Please fax completed form to SCBP Doula Coordinator at fax number **604.888.9685**

Thank you!