



Office Use Only

Program: _____ Outcome: _____

Birth Doula Services Referral Form

Client Information:

Name: _____ Date of Referral: _____

Expected Due Date: _____ Client's DOB: _____ Zip Code: _____

Client Phone: _____ 2nd Phone: _____ Ok to LM?

Email: _____

Primary Language: _____ Will an interpreter be needed at intake?: Yes No

Referral Source Information:

Referred By: _____ Phone #: _____

Do you want to be notified of referral outcome?: Yes No

Verbal Consent of client to Notify Referral: Yes No Date: _____

Outreach Doula Program:

Does your client identify as part of any of these communities:

African American Somali Native American/Alaskan Native Latinx/Spanish speaking

Does your client currently receive TANF, specifically TANF WorkFirst? Yes No

Would your client be interested in our Outreach Doula Program: Open Arms' Outreach Doula program connects women to outreach doulas – women who are from their community and who are specially trained to provide support during the sensitive first months of pregnancy through a child's second birthday. Yes No

Additional Notes: _____

Does your client receive any of the following benefits (check all that apply):

TANF (WorkFirst) WIC DSHS PHN/NFP Medicaid/Apple Health