

Bringing Home Baby – Client Intake Form

Please complete this form to help us provide the best possible newborn and postpartum support for your family. All information will be kept confidential.

1. Family Information

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact (Name & Phone): _____

2. Baby Information

Baby's Name: _____ Date of Birth: _____

Gender: _____ Birth Weight: _____

Pediatrician: _____

Medical Concerns/Allergies: _____

3. Feeding Preferences

☐ Breastfeeding

☐ Pumped Breastmilk

☐ Formula

Preferred Feeding Times/Notes: _____

4. Sleep & Comfort

Usual Sleep Routine: _____

Preferred Soothing Methods (swaddle, rocking, pacifier, etc.): _____

5. Care Preferences

Diapering Preferences: _____

Bathing Instructions: _____

Other Special Requests: _____

6. Scheduling

Requested Start Date: _____ Typical Shift Hours: _____

Preferred Nights/Days of the Week: _____

7. Consent & Agreement

I acknowledge that the services provided by Bringing Home Baby are non-medical in nature.
I have reviewed and agree to the Terms of Service and Privacy Policy.

Signature: _____ Date: _____