Interest Card: AAIMM Doula **\*CONFIDENTIAL\***

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| --- |
| Email Referral to: MSanders@ph.lacounty.gov  |

**Estimated Due Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip Code:** \_\_\_\_\_\_\_\_\_\_\_\_

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Has client agreed to and consented to referral? **Yes No**
* May we identify ourselves as a Public Health Program/Doulas when calling and/or leaving a message? **Yes No**

Referred by:

* **CPSP**
* **NFP/home visiting programs**
* **WIC**
* **BIH**
* **MAMA’S NEIGHBORHOOD**
* **Self/family**
* **CLINIC/PROVIDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**