# Doula Service Documentation Template for Health First Colorado

**Client Information**

Name: _____ DOB: _____

Health First Colorado ID: _____ EDD: _____

Primary Provider: _____ Phone: _____

Eligibility Verified: □ Yes □ No

Verification Date: _____

**Service Details**

Date of Service: _____

Start Time: _____ End Time: _____ Total Duration: _____

Total 15-minute Units: _____ (for prenatal/postpartum visits)

Service Type: ☐ Prenatal Visit (T1032) ☐ Labor Support (59400) ☐ Postpartum Visit (T1032)

Visit Number: _____ (e.g., 1st prenatal, 2nd postpartum)

Location: ☐ Client's Home ☐ Hospital ☐ Birth Center ☐ Virtual ☐ Other: _____

**Assessment**

**Client Concerns/Needs:**

_____

_____

_____

**Physical Assessment (if applicable):**

_____

_____

**Emotional/Psychological Assessment:**

**Interventions and Support Provided**

**Support Techniques Used:**

☐ Education/Information Provided: _____

☐ Comfort Measures: _____

☐ Position Suggestions: _____

☐ Emotional Support: _____

☐ Partner Support Coaching: _____

☐ Advocacy: _____

☐ Infant Feeding Support: _____

☐ Postpartum Recovery Support: _____

☐ Other: _____

**Educational Materials Provided:**

**Client Response to Interventions**

## CARE COORDINATION

**Communication with Healthcare Team:**

**Referrals Made:**

## PLAN

**Follow-up Recommendations:**

**Next Appointment:** Date: _____ Time: _____

**Warning Signs Reviewed:** ☐ Yes ☐ No **Emergency Plan Discussed:** ☐ Yes ☐ No

**Notes**

## DETAILED TIME DOCUMENTATION (Required for Colorado Health First Colorado)

| Time Segment | Start Time | End Time | Duration | Activities Performed |
|---|---|---|---|---|
| Segment 1 | | | | |
| Segment 2 | | | | |
| Segment 3 | | | | |
| Segment 4 | | | | |
| Segment 5 | | | | |

## SIGNATURES

**Doula Signature: _____ Date: _____ Doula Name (Printed): _____ NPI/Provider Number: _____**

**Client Signature (if required): _____**

*This document is confidential and protected under HIPAA regulations. Retain in secure records in accordance with Colorado Department of Health Care Policy & Financing requirements. For billing questions, contact HCPF_MaternalChildHealth@state.co.us or visit https://hcpf.colorado.gov/doula-manual*