



Cindy Jurado Doula

BIRTH, POSTPARTUM &
BREASTFEEDING SUPPORT

Mothering the mother - Supporting the Family

Postpartum Client Profile

Due Date _____ Birth Location _____

Name _____ Cell _____

Occupation _____ Home _____

Email _____

Partner _____ Cell _____

Occupation _____

Email _____

Address _____ Community _____

Direction to the house _____

First time mom? _____ Pets _____

Baby's name(s): _____

Baby's age(s): _____

Baby's Gender _____

Baby's Health Condition(s) awareness: _____

Is mommy breastfeeding? YES NO

Care Provider: _____ Birth Location: _____

Medical Notes: _____

Birth Notes: _____

Postpartum Plan: _____

Notes: _____



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Interview Date: _____ Meeting #1: _____ Meeting #2: _____

Date of first contact: _____ Referred by: _____ Doula _____

Fee: \$ _____ Deposit: \$ _____ Cash/Paypal/Etransfers Received: _____ Deposited: _____

Items Borrowed: _____

Cancellation policy awareness:

- As a Postpartum Doula, I have the right to break this contract if there are any threatening energies that are not perceived in a kind, professional and/or respectful manner.
- If at any reason, I as the mother/father need to cancel our contract BEFORE it's officially up, I will notify you, Cindy, right away within 24hrs.

