

New Client *Intake Form*

PERSONAL INFORMATION

Client's Name : _____

Partner's Name : _____

Date of Birth : ____ / ____ / ____ Estimated Due Date : ____ / ____ / ____

Home Address : _____

Cell Phone : _____ E-Mail : _____

Partner's Phone : _____ E-Mail : _____

Status : Single Married Divorced Other

Occupation : _____

EMERGENCY CONTACT

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

HEALTHCARE PROVIDER INFORMATION

Primary Provider : _____

Type of Provider : Midwife Doctor Other (please specify _____)

Address : _____

Phone Number : _____ Is the provider aware you are using a doula? : Yes No

Location where you plan to deliver : Home Hospital Birth Center Other
Name of Hospital: _____ Name of Birth Center: _____

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GENERAL HEALTH INFORMATION

Do you have any allergies (if yes, please list) :

Have you had any recent illnesses, surgeries, injuries, accidents or trauma? (if yes, please list) :

Do you currently take any prescription or non-prescription medications? (if yes, please list) :

Do you currently have, or do you have a history of, any of the following medical conditions? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Type 1 Diabetes | <input type="checkbox"/> Uterine Fibroids | <input type="checkbox"/> HPV / Genital Warts |
| <input type="checkbox"/> Type 2 Diabetes | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Abnormal Blood Clotting |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure Disorder / Epilepsy | <input type="checkbox"/> Carpal Tunnel Syndrome |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cancer | <input type="checkbox"/> None of the Above |

Do you currently have, or do you have a history of, any of the following psychological conditions? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Dissociative Disorder | <input type="checkbox"/> Bulimia |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Binge Eating |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Obsessive-Compulsive Disorder | <input type="checkbox"/> Addictive Behavior |
| <input type="checkbox"/> Schizophrenia | <input type="checkbox"/> Phobia(s) | <input type="checkbox"/> Chronic Insomnia |
| <input type="checkbox"/> Post-Traumatic Stress Disorder | <input type="checkbox"/> Anorexia | <input type="checkbox"/> None of the Above |

Please explain anything else you would like me to know about your health condition. :

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PREVIOUS PREGNANCY INFORMATION

Is this your first pregnancy? : Yes No
If no, please fill in the following lines.

How many children do you have? Please list name(s) and age(s).

Which type of births have you experienced? Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> This is my first birth | <input type="checkbox"/> Inductive for Medical Reasons |
| <input type="checkbox"/> Vaginal | <input type="checkbox"/> Home Birth |
| <input type="checkbox"/> C-section | <input type="checkbox"/> Hospital Birth |
| <input type="checkbox"/> VBAC | <input type="checkbox"/> Birth Center Birth |
| <input type="checkbox"/> Elective Induction | <input type="checkbox"/> Water Birth |

How many times have you given birth? : _____

Out of previous pregnancies, how many were carried to term (37 weeks+)? : _____

Out of any previous pregnancies, how many were pre-term (born 24-37 weeks)? : _____

Have you given birth to multiples (twins, triplets, etc.)? : _____

How long did your previous labor(s) last? : _____

Have you had any of the following pregnancy-related health conditions in the past pregnancies? Check all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Rh Incompatibility | <input type="checkbox"/> Polyhydramnios | <input type="checkbox"/> Placental Abruption |
| <input type="checkbox"/> Pre-Eclampsia | <input type="checkbox"/> Oligohydramnios | <input type="checkbox"/> Vena Cava Compression |
| <input type="checkbox"/> Pre-term Labor | <input type="checkbox"/> Group B Strep | <input type="checkbox"/> Postpartum Hemorrhage |
| <input type="checkbox"/> Low Birth Weight | <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Postpartum Depression |
| <input type="checkbox"/> Macrosomia | <input type="checkbox"/> Placenta Previa | <input type="checkbox"/> Genetic Disorder |
| <input type="checkbox"/> Hyperemesis Gravidarum | <input type="checkbox"/> Gestational Hypertension | <input type="checkbox"/> None of the Above |

Service Agreement

MY ROLE AS YOUR DOULA:

As a Doula, I accompany women in labor to help ensure a safe and satisfying birth experience. I draw upon my knowledge and experience to provide emotional support, physical comfort, and assist you, the client, with information to make informed decisions as they arise in labor.

I provide reassurance and perspective to you and your partner during labor. I suggest labor progress and help with relaxation, massage, positioning, and other techniques for your ultimate comfort. My goal is to help you have a satisfying birth as you define it. I will be on call for you 24 hours a day beginning two (2) weeks before your estimated due date (EDD) ___/___/___ up until labor begins. Please note that I am independent and self-employed. As your Doula, I work for you, not your caregiver, hospital, or birth center. Therefore, please know that I cannot - and do not - guarantee a specific outcome for your birth.

CHOOSING A DOULA:

I prefer to meet with you and your partner at least once via (video chat or in-person) before labor to become acquainted, to explore and discuss your priorities, fears, or concerns, and to plan how we might best work together. At which time we can discuss my fees. This meeting does not obligate you to use my services, but if you retain my services, I want to become familiar with your birth plan.

I want to become aware of your preferences regarding pain relief options, including invasive ones such as IVs, narcotics, and epidurals. In addition, we can discuss non-invasive methods such as massage, birth ball, water, position changes, walking, music, and any other methods you may choose. I want to be familiar with the best ways for you to cope with stress, pain, or fatigue in your daily life and how you and your partner would like to work together during labor and birth.

I will inform you of any times when I am unavailable and when I have arranged for backup Doula support in my absence. However, you have the option to choose anyone for backup Doula support.

PRENATAL VISIT:

It is important to meet three 3 times before the labor to explore and discuss your priorities and to plan how I can help make this an empowering experience for you and your partner. During the prenatal meetings, we will review your preferences for labor and birth. I will ask about the expectations you have of your partner and myself during the birth, plus the roles of anyone else that will be attending the birth. The more we explore this in advance, the better I will be able to fulfill my role to support you.

ON CALL:

I am available for phone and email consultations immediately from the date that the signed contract is returned to me and receipt of payment of the Retainer Fee is confirmed. I encourage you to contact me with questions, concerns, and any updates. I will get back to you as soon as I can - this will usually be immediately, but definitely within 24 hours. I also require you to inform me of and about your meetings with the midwife or responsible doctor to discuss any appointments and if you have any concerns so that I am up to date with all relevant details throughout the pregnancy. It is important that we keep in contact with one another and communicate in the best way we can by keeping the channel of communication open and constant. At 38-42 weeks, I will consider myself on call for you and will be available for you by phone at all times. If for any reason, I do not answer when you call, please leave a message and I will return your call as soon as is practicable.

WHEN YOU ARE IN LABOR:

When you think labor has begun, you must contact me as soon as possible, even if you are unsure whether you are really in labor. Again, the more notice I have, the better prepared I can be. Once you confirm that you are in labor, we will plan to check in with one another every hour, or as often as you prefer, by phone. It is up to you to decide at what point in your labor you want me to come and be with you. Once you make that choice, barring any unforeseen circumstances (traffic, emergencies, etc.), I will be there within 1-2 hours (usually less, depending on distance). If your labor goes beyond 24 hours, I may need to call for backup doula care. Although I like to space my clients to ensure that I am available to attend every birth, the nature of birth means that there is a rare occasion in which I may be at another birth when a client goes into labor. I will arrange for you to meet a backup doula just in case this happens.

AFTER BIRTH:

I generally remain with a client for 1-2 hours after birth until you are comfortable and your family is ready for quiet time together. I can also help with initiating breastfeeding.

POSTPARTUM VISIT:

My services include one (1) or two (2) postpartum visit(s) within two weeks after the birth. During the visit, I can answer any questions, offer baby care tips, referrals to community resources, and a chance to discuss your birth experience.

AS A DOULA, I DO NOT:

- Perform clinical tasks, such as taking blood pressure, fetal heart check, or vaginal exams. I am there to provide comfort and support.
- Make decisions for you.
- Speak to the staff on your behalf. I will discuss concerns with you and suggest options, as well as encourage you to voice your opinions.
- Deliver the baby. If the baby is born on my watch at home, in the car or it is coming quickly, I or your partner will immediately call the ambulance to further assist you. I will not act as a midwife or doctor, but in the meantime, I will help keep you calm and guide you until they come. I am not a trained medical professional.

I/we have read this letter describing doula services and agree that it reflects our discussion and I/we agree to such service.

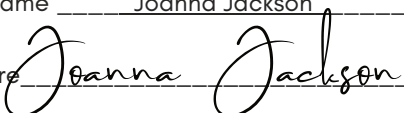
Client Name _____

Signature _____ Date _____

Partner Name _____

Signature _____ Date _____

Doula Name Joanna Jackson

Signature  Date _____

Financial Agreement

RETAINER FEE:

If you decide to retain me as your Doula, you must sign this contract and return it via email or in person. The Retainer Fee is due upon return of this contract signed by you (and your partner). The non-refundable Retainer Fee is a percentage of the total fee and is required in order to reserve your due date on my calendar. A payment receipt for the Retainer Fee is required to be provided along with the signed contract.

SERVICE FEES:

My total fee for the service described here is \$_____ A retainer fee of \$_____ is due when you select me as your Doula. The remaining balance of \$_____ is due at your second prenatal appointment, or by thirty-two weeks (32 weeks). In the event of preterm labor, the remaining balance is due by what would normally be the thirty-six week (36 weeks) mark.

FAILURE OF THE DOULA TO PROVIDE SERVICE:

I will make every effort to provide doula services. However, there are circumstances where it is impossible to attend a birth, such as very rapid labor. If it is due to your decision or failure to call me, the fees will remain the same.

CANCELLATION BY CLIENT:

If you decide not to employ me as your Doula after signing this contract, **no refund will be available.**

I/we have read this letter describing doula service fees and agree that it reflects the discussion we have had, and I/we agree to such service.

Client Name _____

Signature _____ Date _____

Partner Name _____

Signature _____ Date _____

Doula Name Joanna Jackson

Signature Joanna Jackson Date _____

Confidentiality/Media Release Form

DOULA/CLIENT CONFIDENTIALITY/MEDIA RELEASE FORM I, _____, give my permission for my doula, JOANNA JACKSON to take notes about me, including personal information I choose to disclose to the doula, and information regarding my labor, birth, and postpartum experience, as well as any information regarding my child or children.

I understand that this information may be used for the purpose of doula certification or recertification and will be shared with the certification committee of the applicable certifying institution or organization. I acknowledge that this information will be shared with any doula that may be providing backup support.

I also understand that this information will anonymously be used by my doula for statistical purposes and that my doula may use this information to provide me with a summary for my own personal use.

I also understand that JOANNA JACKSON (doula) operates as a business providing the same or similar services to other clients, by sharing with others their experience with me, my spouse/partner, and my baby will allow others to know about the business and positive client experiences.

I also understand that at all times JOANNA JACKSON (doula) will disclose only the information which I have specifically allowed to be disclosed in this release.

To that end, I allow my doula to share with others, including on social media websites, the following information about my labor, birth, and postpartum experience:

Check the categories of information which you are permitting your doula to share with others:

- | | |
|---|--|
| <input type="checkbox"/> Date of birth | <input type="checkbox"/> Natural vs. Medicated |
| <input type="checkbox"/> Time of birth | <input type="checkbox"/> Vaginal vs. C-section |
| <input type="checkbox"/> Location of delivery | <input type="checkbox"/> Attending midwife's or physician's name |
| <input type="checkbox"/> Baby's name | <input type="checkbox"/> All pictures from birth |
| <input type="checkbox"/> Baby's first initial | <input type="checkbox"/> Pictures that don't include any exposed body parts!) |
| <input type="checkbox"/> Mom's name | <input type="checkbox"/> Please don't share any details of our labor, birth, postpartum :) |
| <input type="checkbox"/> Dad's name | |
| <input type="checkbox"/> Length of Labor | |

I/we have read this form and agree with the terms.

Client Name _____ Signature _____ Date _____

Partner Name _____ Signature _____ Date _____

Doula Name Joanna Jackson Signature  Date _____

Release of Liability

A contract for Doula services (labor support) is being entered into on _____ (date)

by Joanna Jackson (Doula)

and _____ (Client)

I/we hereby acknowledge that during the performance of this contract, services may be provided to me/us in my/our home, traveling to a medical facility, hospital, and/or a birth center. We understand that JOANNA JACKSON (Doula) has a limited role pursuant to the description of task outlined in the above referenced contract where services may be provided to me/us. JOANNA JACKSON (Doula) has not represented to me/us that contracting for her services guaranteed in any way a risk-free or emergency free labor and birth experience. I/we understand my/our Doula does not make medical or nursing decisions on my/our behalf, to include the decisions when to seek medical care at a hospital or birth center when labor support services are provided in my/our home. When services are performed in my/our home or a medical facility, I/we acknowledge that JOANNA JACKSON (Doula) is not responsible for the performance of clinical tasks to include medical or nursing decisions regarding the inclusion or exclusion of treatments available to me/us and my/our baby.

Now, therefore in consideration of the above acknowledgments, I/we (both jointly and separately) on behalf of myself, ourselves, my/our heirs, personal representatives, and executors assigns to **RELEASE AND FOREVER DISCHARGE** JOANNA JACKSON (Doula) from all damages or causes of action, either at law or in equity, which I/we may have or acquire or which may be accrued to me/us, my/our heirs, administrators, personal representatives, executors, or assigns as a result of using the doula services of JOANNA JACKSON (Doula). I/we intend this to be a **COMPLETE RELEASE AND DISCHARGE** her from all liability whatsoever.

I/we have read, understand, and agree with all statements contained in our contract for Doula services.

Client Name _____

Signature _____ Date _____

Client Name _____

Signature _____ Date _____

Parents of Minor Child _____

Doula Name Joanna Jackson

Signature Joanna Jackson Date _____

