

Congratulations on your pregnancy and I am so thrilled that you chose me to be part of this exciting time in your life! I am looking forward to getting to know you and helping you ease into your postpartum motherhood.

**Client Form**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of communication (phone call/email/text message)? \_\_\_\_\_

1. When is your due date? \_\_\_\_\_

2. Where do you plan on delivering? \_\_\_\_\_

3. Who is your Care Provider? \_\_\_\_\_

4. Are you a smoker? \_\_\_\_\_

5. Please list all prescription medications used during pregnancy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please list all herbal remedies used during pregnancy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please list any allergies you have:

\_\_\_\_\_

\_\_\_\_\_

8. Do you have any STDs or blood transferrable diseases? (these include but are not limited to HIV or Hepatitis) Please list them.

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9. Do you have a history of anxiety, insomnia, or depression?

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10. Do you have a history of PMS? Would your significant other say you are hormonal during “that time of the month”?

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11. If this is not your first child, did you have any problems previously with Postpartum Depression?

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12. If this is not your first child, did you have a problem with over or under production of milk?

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13. Are you interested in Placenta Encapsulation, Placenta Tinctures or both products?

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14. Would you like the Raw Method (hormone dense, high nutrients, large number of capsules) or Steamed Method (recommended if fever develops during labor, mothers with a history of preeclampsia or high anxiety individuals) for Placenta Encapsulation?

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### Frequently Asked Questions

- How many capsules will I get?
  - On average you can expect between 100-200 capsules
- What are some benefits of consuming placenta capsules/tincture?
  - We cannot guarantee any particular benefit or outcome from consumption, but utilizing your placenta postpartum may help with things like milk production,

hormone and mood stabilization, pain relief, energy boost, iron restoration, growth of hair and nails, etc. Tinctures can also be beneficial for your teething baby of 6 months or older, your mother who is starting menopause, or if your baby is a girl....she may utilize the tincture when she begins her first menstrual cycle.

- What are some risks of consuming placenta capsules/tincture?
  - There are very little risks involved in consuming your placenta. The biggest risks would come from consuming a placenta that has not been stored or prepared properly. Be sure to follow instructions on how to store your placenta until your specialist picks it up.
- How do I store my capsules/tincture and what is the shelf life?
  - You may store your capsules as follows: In the container provided, in a dark cool cabinet for up to one year. After one year you should transfer your capsules to a ziplock bag and place them in the freezer for up to 6 more months. If after this time you still have capsules left, you may create a tincture by emptying 2 capsules into 2oz of 100 proof alcohol. You may store your tincture in a cool dark cabinet indefinitely.
- Can I consume my placenta if I have Group B Strep or Genital Herpes?
  - Yes! Please notify your specialist so that we can steam your placenta to kill any possible bacteria. Otherwise, it is considered safe to consume.
- What if my baby passed meconium in the womb?
  - That's perfectly fine. Meconium is sterile. It is simply washed off prior to preparation.
- How should I take my capsules/tincture?
  - Consumption recommendations are JUST a recommendation. NOT a prescription. You may adjust your intake as you feel you need to. We give a general suggestion on how to consume your capsules/tincture on the containers. We do recommend that you take your capsules with food to avoid an upset stomach. Do not use your tincture before 6 weeks. After 6 weeks you may strain it with a cheesecloth or similar. Or you may wait 6 months and use the tincture without straining.

### **Business Contract**

Placenta Encapsulation is the act of taking a fresh, raw placenta, rinsing the placenta, steaming or slicing the placenta raw, dehydrating it, grinding the placenta into a powder and putting the (placenta) powder into consumable capsules for ingestion. All processes are done by a Certified Placenta Encapsulator who holds an American Heart Association Blood borne Pathogens certification. The environment is respectful and sanitary.

**Sydney Harvey** adheres to strict Occupational Safety and Health Administration guidelines, and follows proper food safety standards. The placenta is being prepared for the client's (owner of the placenta) consumption only and is not designed to reverse medical conditions or ailments from pregnancy, treat postpartum depression, ensure normal milk supply or replace any medical attention.

### **Client's Responsibilities**

It is the client's responsibility to notify **Sydney Harvey** within three hours of the client's birth so that we can work together to make arrangements to pick up or drop off the placenta. Failure to do so may result in delayed placenta preparation and therefore, may cause decreased potency of nutrients, hormones and other beneficial attributes of the placenta. It is the client's responsibility to discuss release of the placenta from the birthing facility during the client's prenatal period and to ensure proper storage of the client's placenta. This can be done by placing the placenta on ice until it can be retrieved for preparation and encapsulation. Improper storage of the placenta prior to pick up or drop off may result in spoilage.

\_\_\_\_\_ (Client's initials)

It is the client's responsibility to inform **Sydney Harvey** of any blood-borne illnesses (Hepatitis, HIV, etc.) or any other health issues that could place myself, or any others who may come into contact with the client's bodily fluids (specifically maternal and fetal blood as well as amniotic fluid) at risk. Some sexually transmitted diseases such as Hepatitis or Herpes Simplex Virus may preclude **Sydney Harvey** from preparing the placenta for consumption.

\_\_\_\_\_ (Client's initials)

It is the client's responsibility to determine whether placenta consumption can be beneficial to the client's postpartum wellbeing. **Sydney Harvey** does not employ medical doctors and we are not able to diagnose, treat or prescribe for any health condition. Services and fees are for the service of preparing the placenta for consumption. Each woman will react to consuming her placenta in a different way. Some of the benefits of placenta consumption are supported by ongoing research, however these benefits have not been evaluated or approved by the United States government or the Food and Drug Administration.

\_\_\_\_\_ (Client's initials)

It is the client's responsibility to inform **Sydney Harvey** of any medications and their dosages taken during pregnancy and during labor and delivery. Unfortunately, there are some medications that make Placenta Encapsulation impossible.

\_\_\_\_\_ (Client's initials)

### **Sydney Harvey Responsibilities**

**Sydney Harvey** responsibilities include maintaining client confidentiality and committing to preparing and returning the consumable placenta to the client within 72 hours of receiving the placenta while upholding the highest standards of cleanliness, safety, and quality of professional postpartum services. In the unfortunate event that **Sydney Harvey** is unable to provide postpartum services due to a scheduling conflict, **Sydney Harvey** will provide a backup Postpartum Specialist who is capable of providing comparable services.

\_\_\_\_\_ (Client's initials)

It is important to understand that there may be circumstances in which the client's placenta cannot be used for postpartum consumption. Significant abnormalities of the placenta may require the doctor or midwife to send the client's placenta to Pathology for further examination. Once the placenta has been released to Pathology, **Sydney Harvey** may not be able to encapsulate it without an additional waiver. Other additional conditions, such as signs of infection in the mother during labor, may mean that consuming the placenta could be harmful to the client's health. **Sydney Harvey** will always consult with the client prior to making a choice on whether or not the client's placenta is viable for ingestion. If your Dr. or nurse recommends sending your placenta to pathology for testing, request that they take a sample of the placenta in your room instead of taking the entire placenta.

\_\_\_\_\_ (Client's initials)

### **Payment and Refunds**

In the event that the client's placenta is unavailable (i.e. sent to Pathology and not released) or if the client's placenta has been contaminated with a bacterial infection, the client will be entitled to a full refund (minus deposit). If the client chooses to terminate this contract due to a change of mind within seven days of the client's estimated delivery date, the client will not be eligible for a refund. If **Sydney Harvey** has already taken possession of the client's placenta, there will be no refund issued, even if the client chooses not to take delivery of the finished product.

\_\_\_\_\_ (Client's initials)

"By my initials above and my signature below, I acknowledge that I have read, understood, and agree to the above information. I accept the responsibility of gaining possession of my own placenta and notifying **Sydney Harvey** within 8 hours of my birth. I understand the importance of appropriate handling and storage of my placenta until I hand it off to **Sydney Harvey** for postpartum services. I agree to pay the non-refundable deposit of 100.00 upon signing this contract to secure services. The remaining balance of 150.00 is due by 36 weeks. If unable to pay by 36 weeks, this must be communicated to the specialist so that other arrangements can be made. By signing below, I authorize the release of my placenta to **Sydney Harvey** for the purpose of postpartum services for my own personal use."

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Estimated Delivery Date

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Today's Date

## **Liability Form**

I, \_\_\_\_\_ (Client's Name) understand and acknowledge that in accordance to the state of South Carolina laws and bylaws, choosing to consume my placenta is not intended to prevent or treat any physical or mental disease, ailments or symptoms and that I am choosing to consume my placenta for my own personal beliefs, whether it be spiritual or cultural.

I acknowledge that **Sydney Harvey** has provided me with information about the benefits and the risks of placenta consumption and that I have read all of the included documents. I understand that my placenta has been handled and prepared for consumption according to Occupational Safety and Health Administration and State Food Safety and Handling standards, in a sanitary and sterile environment. Upon receiving my consumable placenta from **Sydney Harvey**, I waive any and all rights to hold **Sydney Harvey** responsible for any undesired effect of consuming my placenta. This may include an oversupply in milk, hormonal shift, infection, anxiety or insomnia. These side effects are rare, but have been reported.

I do not hold **Sydney Harvey** responsible or liable for any transport mishap that is beyond their control (i.e. car accident, detainment) and I understand that I am choosing to have **Sydney Harvey** prepare my placenta for consumption in a specialist's home.

I put full trust and acknowledgement that my placenta is being handled in a sanitary and safe environment. I put trust and faith that **Sydney Harvey** has been trained correctly to prepare placenta remedies.

I understand that upon receiving my consumable placenta, **Sydney Harvey** is no longer liable, including but not limited to, any other person(s) ingesting my own placenta products.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Estimated Delivery Date

\_\_\_\_\_  
Client Name (Printed)

\_\_\_\_\_  
Today's Date

**Release of Photography and Video Footage (Optional, but appreciated!)**

I, \_\_\_\_\_, hereby releases any and all photographs and videotaping of the placenta produced at the birth of the above mentioned mother's child/children and/or process to her hired Placenta Specialist for marketing, social media, educational, or instructional purposes.

The above mentioned Mother agrees to give rights to **Sydney Harvey** to present and use photographs and video footage of said placenta and/or process during any workshop, class, seminar, or teaching curriculum. The above mentioned Mother understands that all personal information including name, date of birth, address, or child's name will remain confidential. There will be no distinguishing information about the placenta shared.

Sydney Harvey will not use any photographs or video footage for anything other than marketing, educational, and instructional purposes and agrees to full protection of any information regarding the mother and child.

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Client Signature

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Estimated Delivery Date

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Client Name (Printed)

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Today's Date