

# Holistic Expectations Doula Services Contract Client Information Record



**Contact Info:**

Name (First and Last): \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Partner Name (First and Last): \_\_\_\_\_ DOB: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: \_\_\_\_\_; \_\_\_\_\_  
 \_\_\_\_\_; \_\_\_\_\_

Email Addresses: \_\_\_\_\_; \_\_\_\_\_

Pets and Names: \_\_\_\_\_

Emergency contact person (can be family or friend): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about our doula services? \_\_\_\_\_



**Your Pregnancy/Health History:**

Due Date: \_\_\_\_\_ # of Weeks at present: \_\_\_\_\_ Date of LMP (last menstrual period): \_\_\_\_\_

Midwife/OBGyn Name & Practice: \_\_\_\_\_ Delivery Hospital: \_\_\_\_\_

Any allergies? (drugs, food, tape, latex, etc): \_\_\_\_\_

What medications are you currently taking (including prenatal): \_\_\_\_\_

Present exercise and frequency: \_\_\_\_\_ How is your health? \_\_\_\_\_

Any other health care providers you see (ex. Chiropractic, Acupuncture, Therapist) \_\_\_\_\_

Optional: Any history or personal trauma (abuse, rape, neglect): \_\_\_\_\_

Is this your first pregnancy? Yes No If No, please list siblings w/ name and age: \_\_\_\_\_  
 \_\_\_\_\_

What if any classes have you taken so far to prepare for baby and with which organizations?

Class	Date	Organization	Evaluation of class		
			Great	OK	Poor
_____	_____	_____	Great	OK	Poor
_____	_____	_____	Great	OK	Poor
_____	_____	_____	Great	OK	Poor

How has the pregnancy been so far? \_\_\_\_\_  
\_\_\_\_\_

Check any that apply now or in the past:

Acid Indigestion  
Anxiety  
Constipation

Fatigue/Tiredness  
Hemorrhoids  
Swelling

Muscle Cramps  
Nausea and/or Vomiting  
Shortness of Breath

Any medical complications? Yes No \_\_\_\_\_

Have you had an ultrasound? \_\_\_\_\_ How many? \_\_\_\_\_ Results? \_\_\_\_\_

Other prenatal screening? (Amnio, CVS, Vaginal Ultrasound, AFP or Triple Screen, Genetic testing)

\_\_\_\_\_



***Your Mother's Pregnancy History/Health***

How many pregnancies? \_\_\_\_\_ How many births? \_\_\_\_\_ Drugs used for birthing? \_\_\_\_\_

Any difficulties? (Preemies, Cesareans, Breech, Stillbirths, Bleeding, Multiples, Diabetes, Congenital)

\_\_\_\_\_

How were her births? (Early, Late, Long, Short, Easy, Hard) \_\_\_\_\_

Her attitudes about pregnancy and birth in general? \_\_\_\_\_

Where does your family live? \_\_\_\_\_ Plans to be involved in Birth and/or Postpartum? \_\_\_\_\_

\_\_\_\_\_ How about your partner's family? \_\_\_\_\_



***About Your Upcoming Birth***

What I/we would like to get out of this birth experience is \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My/our fears or concerns about pregnancy, labor or postpartum so far are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What I/we are wanting/expecting from our labor assistant/doula \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else you would like me to know to best support you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### **Doula Services:**

It has been proven through repeated studies, attending physicians, and personal testimonials (including my own!), that women who have support during labor experience faster, more effective, less stress laden births. As your doula, I will:

- provide 24/7 phone availability during pregnancy,
- the option to attend my 6 week childbirth class if one is available and you are interested
- schedule weekly/bimonthly get togethers ranging from 4-5 visits before birth
- train you in some birthing positions and massage techniques that can help with pain & progress,
- design a healthy diet plan for use during pregnancy and during breastfeeding,
- create a birth plan with you and your partner,
- provide encouragement, support and comfort during labor and birth,
- advocate for you during your hospital stay,
- make follow-up visits (2 postpartum) after your birth to check on you, your partner and the baby regarding your care and recovery, breastfeeding and answer any worries or concerns,
- make follow-up calls and emails for the 6 week period following your birth to check in on you
- be a resource for you as you start out as a parent and do my best to help you create a community of support with other mothers going through your same initiation into parenthood.



### **Fees For Services**

The basic fee for my services is **\$1,200.00**, which includes all of the services outlined above. I request ½ of this fee, \$600 be paid on our first prenatal visit and the remainder \$600 be paid on our closure meeting after you have returned home from the hospital.

I agree to this contract and sign below my commitment to work together.

Your name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your partner: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doula name: Amanda Moore Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am honored to be invited to join you in this amazing journey and look forward to reveling with you (both) in this experience!



Please return this form via snail mail or e-mail! ☺

**Holistic Expectations**

1222 Nashua St.  
Houston, TX 77008

OR

Contact us via phone

713-705-7257/ [amoore@holisticexpectations.com](mailto:amoore@holisticexpectations.com)  
with additional questions or for more information!