

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 (Names & Ages): _____

Emergency contact person (can be family or friend): _____

Phone #: _____ Email Address: _____

How did you hear about my 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: _____
 _____ (We will go through a previous birth questionnaire too! ☺)

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

Class	Date	Organization	Evaluation of class		
_____	_____	_____	<input type="checkbox"/> Great	<input type="checkbox"/> OK	<input type="checkbox"/> Poor
_____	_____	_____	<input type="checkbox"/> Great	<input type="checkbox"/> OK	<input type="checkbox"/> Poor
_____	_____	_____	<input type="checkbox"/> Great	<input type="checkbox"/> OK	<input type="checkbox"/> Poor

How has the pregnancy been so far? _____

Place an "N" next to any that apply now, "P" for those from early pregnancy and a "B" for both:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acid Indigestion | <input type="checkbox"/> Fatigue/Tiredness | <input type="checkbox"/> Muscle Cramps |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Nausea and/or Vomiting |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Swelling | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Blood Pressure Issues | <input type="checkbox"/> Blood Sugar Issues | <input type="checkbox"/> Sciatic Nerve /Other |

Your current stressors (psychological/ physical): _____

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

_____ Any medical complications so far? Yes No _____



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,
- invite you (both) 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, comfort, and information during labor and birth,
- make a follow-up visit 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
- invite you to join other *Recently Delivered Ladies* at my home, Tuesdays 12-2pm for community
- be a resource for you (both) as you start out as parents and do my best to help you create a community of support with other parents going through your same initiation into parenthood.



Fee For Services

The fee for my doula services is a flat rate of **\$1,200.00**, which includes all of the services outlined above. I request 1/2 of this fee, \$600 be paid on our first prenatal visit or during the signing of this contract and the remainder \$600 be paid on our closure meeting after you have returned home from the hospital. I provide placental consumption services for an additional **\$150.00** which would include retrieval and preparation of placenta; delivery of first two post-partum smoothies and individual freezing of remaining placenta cubes for later consumption. (Don't freak out – ask about it! ☺)

*Please confirm (with a check) the services you desire below:

Doula Services Yes No Childbirth Education Yes No Placenta Services Yes No

Total Fee Due: \$ [Initial Payment: \$ / Closure Payment: \$]

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 EMAIL TO amoore@holisticexpectations.com OR
MAIL TO: AMANDA MOORE, 2301 SUNSET BLVD, HOUSTON, TX 77005**