

# Placenta Client Intake Form/Agreement

Client's Name: \_\_\_\_\_ Partner: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Partner's Phone: \_\_\_\_\_  
(Cell Preferred) Text Messaging: \_\_\_Y \_\_\_N

Email: \_\_\_\_\_ Partner's Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Est. Due Date: \_\_\_\_\_ Delivery location: \_\_\_\_\_

Have you experienced postpartum depression in the past? \_\_\_ Y \_\_\_ N

Reason for interest in placenta encapsulation (check all that apply):

- |                                                           |                                                  |
|-----------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> baby blues/postpartum depression | <input type="checkbox"/> breastmilk production   |
| <input type="checkbox"/> fatigue                          | <input type="checkbox"/> hormone regulation      |
| <input type="checkbox"/> media/blog mention               | <input type="checkbox"/> recommended by a friend |
| <input type="checkbox"/> other: _____                     | <input type="checkbox"/> not sure                |

I am requesting the following services (check all that apply – ask about applicable rates)

- |                                         |                                            |
|-----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Encapsulation  | <input type="checkbox"/> Keepsake necklace |
| <input type="checkbox"/> Keepsake Print | <input type="checkbox"/> Salve             |
| <input type="checkbox"/> Smoothie       | <input type="checkbox"/> Tincture          |

**Agreed rate for the above services with \_\_\_% deposit due now: \_\_\_\_\_**

\_\_\_\_\_ Please initial here to indicate your understanding of the following:

- I understand that no guarantee of results is either offered or implied.
- I understand that my encapsuator (or their training organization) are not medical professionals and do not diagnose or treat illness.
- I understand that my encapsulator can not determine my placentas suitability and that I am responsible for the safe handling of my placenta.
- I understand that general guidelines for dosages are provided for reference only and I trust in my own ability to follow my body for actual dosage decisions.
- I ascertain I have no blood-borne diseases that have not been disclosed in writing to my encapsulator.
- I release my encapsulator and their training organization from any and all liability resulting from the consumption of my placenta.

Client \_\_\_\_\_ Date \_\_\_\_\_

Placenta Specialist \_\_\_\_\_ Date \_\_\_\_\_

Please share how you found my services? \_\_\_\_\_

Additional information: