



RED BLOSSOM WELLNESS

Birth and Postpartum Doula, Fitness, and Massage Services

Client and Family Information

Name: _____ Date of Birth: _____
Weeks Pregnant: _____ Due Date: _____
Address: _____
Occupation: _____
How many hours/wk: _____
Home Phone: _____ Cell Phone: _____
Can I text you on your cell phone? _____
Email: _____

Marital Status:

Single Live w/ partner Married Separated Divorced Widow

Partner's Name: _____

Number of children and ages:

Child: _____ Child: _____

Child: _____ Child: _____

Medical Care Provider's Name: _____

Provider's Phone: _____

Provider's Address: _____

Is your provider aware that you will be using a doula: _____

Birthing Location: _____

Do you have any high risk factors associated with this pregnancy?

Have you had any difficulties during this pregnancy?

Are you taking any medications? _____

I often use essential oils when working with moms for relaxation.

Do you like essential oils? _____ Do you have an oil preference? _____

Do you have any allergies or sensitivities: _____

Are you interested in prenatal fitness or prenatal massage services? _____

If so, what type of services are you interested in? _____

Please describe your ideal birth:

Is there anything else you would like to share? _____

Do you have any issues, fears or phobias around this pregnancy? _____

What are your expectations in using a doula? _____

Please provide directions to your home from the nearest highway: _____

Release

I, the undersigned, agree that the above information is true to the best of my knowledge. I realize that Stephanie Shimkus may not provide a medical diagnosis, treatment of any physical outside of her massage and fitness scope of practice or mental ailments, or recommend discontinuance of medically prescribed treatments. I understand that as a doula Stephanie Shimkus offers emotional, physical, and informational support. I give my permission to receive emotional, physical, and informational support from my doula, Stephanie Shimkus.

Date Signature (Client) _____

Date Signature (Client Partner) _____

Date Signature (Doula) _____