



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 Location: _____

Any allergies? (drugs, food, tape, laytex, 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! ☺)

If no, how many previous pregnancies? _____ How many births? _____ Drugs used for birthing? _____

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

_____ How was/were your births? (Early, Late, Long, Short, Easy, Hard) _____ Who was your OB/Midwife? _____

Where did you deliver (hospital / birth center / home) Please name: _____

Labor Support used? ____ Postpartum Support used? ____ Childbirth Classes taken? ____

Lactation Support Services used? ____ How long did you breastfeed? ____ Experience was ok? ____

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 this 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? _____



Postpartum Support Plan _ Extended Family Visits:

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: 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 3-4 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 **\$1,500.00**, which includes all of the services outlined above. I request ½ of this fee, **\$750** be paid on our first prenatal visit or during the signing of this contract and the remainder be paid at our closure meeting. 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:



**PLEASE RETURN THIS FORM VIA EMAIL TO amoores@holisticexpectations.com OR
MAIL TO: AMANDA MOORE, 2301 SUNSET BLVD, HOUSTON, TX 77005**