

Name: \_\_\_\_\_ Your Birth date: \_\_\_\_\_

Name of Partner (if you have one) \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Calls, texts or emails preferred? \_\_\_\_\_

Email: \_\_\_\_\_ Partners Phone # \_\_\_\_\_

Do you have any other medical conditions I should be aware of? YES\_\_\_ NO\_\_\_ If yes, please specify:

\_\_\_\_\_

Baby(ies) Name(s): \_\_\_\_\_ Baby(ies) Birth date: \_\_\_\_\_

Intended Place of Birth: \_\_\_\_\_ Dr./Midwife Name: \_\_\_\_\_

Dr/Midwife Phone #: \_\_\_\_\_ Are you taking time off work? \_\_\_YES \_\_\_NO

\_\_\_UNDECIDED If so, how long? \_\_\_\_\_ Is your partner taking time off work? \_\_\_YES

\_\_\_NO \_\_\_UNDECIDED If so, how long? \_\_\_\_\_ Any known allergies in the family? \_\_\_YES

\_\_\_NO If Yes, Please Specify: \_\_\_\_\_

Do you have any Pets? \_\_\_YES \_\_\_NO If Yes, Please Specify: \_\_\_\_\_

Do you, or your partner smoke in the home? \_\_\_YES \_\_\_NO

How do you plan to feed your baby? \_\_\_ Breastfeeding \_\_\_ Formula \_\_\_ Combination Feeding

\_\_\_ Exclusive Pumping/Bottle feeding \_\_\_ OTHER (Please Specify): \_\_\_\_\_

#### Privacy Policy and Disclaimer:

All of your personal information will be kept private and will never be shared with anyone and will be used solely to help me best support you. It is your responsibility to share any and all relevant medical information with your healthcare provider. As a Postpartum Doula, I do not offer any medical advice. If you have any medical concerns or issues, I can refer you to seek care from the appropriate qualified medical professionals.

Are there any parenting techniques you plan to use or have questions about?

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What are your primary goals in having a Postpartum Doula?

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How did you hear about my services?

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Do you have a history of postpartum mood disorders or mental health concerns?

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Do you have any fears about parenting or the postpartum period?

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What time of day do you anticipate Postpartum Doula services will be the most needed?

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What tasks do you anticipate you will like the most help with in the postpartum period?

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Anything you would like to add?

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**As your Virtual Postpartum Doula, my fees and services will be as stated in the following contract.**

Payment Options:

6 Months of care - \$ 199      12 Months of Care - \$ 280

**As your Doula, to empower you to become the parents you strive to be, I will work with you to find order in the chaos. Together we will work to find ways to reconnect and strengthen relationships within your family.**

I am available to you through unlimited text, email, or Instagram between the hours of 7am and 10pm. My services consist of reference research, getting your baby on a good eating and sleeping schedule, and other things you may be struggling with in this postpartum period.

**I do not and am not qualified to diagnose any medical conditions for birther or baby, but will refer you to an appropriate health care provider, if concerns arise.**

**Other Terms, conditions and services discussed in relation to this contract:**

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**This contract is drawn up and agreed to by the following persons as designated by their signatures below:**

\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ - Postpartum Doula

\_\_\_\_\_  
\_\_\_\_\_  
(please print names here)

\_\_\_\_\_  
\_\_\_\_\_  
Signatures of Birther (and partner if they have one) Date: \_\_\_\_\_