



CLIENT INTAKE
&
CONTRACT
AGREEMENT FORMS

Doula Support

CLIENT INTAKE FORM

CLIENT INFORMATION

Name _____ Preferred Name _____

Date of Birth _____ Estimated Due Date _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Marital Status Single Married Other

PARTNER/SPOUSE INFORMATION

Name _____ Preferred Name _____

Date of Birth _____ Email _____

Phone _____

Address _____

City _____ State _____ Zip Code _____

Sperm Donor (IVF/ IUI)

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PROVIDER INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Insurance _____

Delivery Hospital Birth Center Home

HEALTH INFORMATION

Is this your first pregnancy? No (please list how many pregnancies) _____ Yes

How many times have you given birth? (twins, etc. count as 1 birth) _____

Have you had any preterm deliveries? If so, please state how many _____

Do you or your partner have any medical conditions? No Yes (please list below)

Have you had any previous surgeries or recent illnesses? No Yes (please list below)

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HEALTH INFORMATION

Do you take any medications or supplements, including herbal?

No Yes (please list below)

Do you have any allergies (food/medication)

No Yes (please list below)

Does your partner have any allergies (food/medication)

No Yes (please list below)

Do you smoke, consume alcohol, or use drugs?

No Yes (please list how frequently)

Does your partner smoke, consume alcohol, or use drugs?

No Yes (please list how frequently)

Have you been tested for STI's during pregnancy?

No Yes (please list if positive)

Please list any pertinent family medical history (hypertension, stroke, birth defect, etc)

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HEALTH INFORMATION

When was your last menstrual period (LMP) _____

Length of menstrual cycle and period (ex: 28 days, lasting 6 days) _____

Have you used birth control or plan to use birth control after delivery? No Yes (please list below)

Do you plan to breastfeed/bodyfeed? No (please list concerns if any) Yes

If you have delivered before, what type of delivery did you have and how long was your labor?

Have you created a birth vision and postpartum plan? No Yes

Please list who you would like to be present at your birth and during postpartum recovery

Are you currently working and plan to return to work after delivery? No Yes

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BIRTH PREFERENCES

Have you taken a tour of your designated place of delivery? No Yes

Have you attended a childbirth and newborn education class? No Yes

Do you desire to have an unmedicated birth? No Yes

If you had a previous cesarean, do you desire to have a VBAC? No Yes

Please choose which comfort measures you would like to use during labor

Therapeutic Music

Birth Ball/Stool

Dancing/Swaying

Walking

Cold/Hot Packs

Rebozo

Massage

Hydrotherapy

Accupressure Points

Breathing, Meditation & Visualization

Aromatherapy

Dim Lighting

Please list any cultural or religious beliefs you would like for me to know as well as any fear and dislikes that you may have (ex: essential oils, sensitive to physical touch, etc.)

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BIRTH & IMMEDIATE POSTPARTUM

Please choose your desired birth position

- | | |
|---|--|
| <input type="checkbox"/> Squatting or birth stool | <input type="checkbox"/> Hands & knees |
| <input type="checkbox"/> Standing | <input type="checkbox"/> In bed |
| <input type="checkbox"/> On your side | <input type="checkbox"/> Gentle cesarean |

Please choose your desire for immediate postpartum care

- | | |
|--|--|
| <input type="checkbox"/> Delayed cord clamping | <input type="checkbox"/> Exclusively breastfeed/bodyfeed |
| <input type="checkbox"/> Immediate skin-to-skin | <input type="checkbox"/> Donor milk in emergency situation |
| <input type="checkbox"/> Leave vernix on the baby | <input type="checkbox"/> Formula or bottle feeding |
| <input type="checkbox"/> Surprise sex of the baby | <input type="checkbox"/> No eye ointment |
| <input type="checkbox"/> Delay newborn examination | <input type="checkbox"/> No immunizations |
| <input type="checkbox"/> Parent to bathe the baby | <input type="checkbox"/> Take home the placenta |

Please list other immediate postpartum wishes you would like to discuss

CONTRACT OF SERVICES

The following agreement is hereby entered into between Doula Cierra Jones, referred to as "I" and Client _____ referred to as "you," with the following conditions understood and accepted by both parties.

As a Certified Perinatal Coach™, I provide emotional and physical support to the expectant parent and their partner and/or family during pregnancy, labor, and postpartum. I will provide education to ensure that you have the information that you need to make informed decisions regarding your baby's birth. I can provide reassurance and perspective to you and your partner, make suggestions for labor progress, and help with relaxation, massage, positioning and other techniques for your comfort. I am independent and self-employed, and so, I am working for you, not your caregiver or place of birth.

Before Birth/ Prenatal

I will virtually meet with you and your partner before labor to become acquainted with you; discuss your priorities and any fears or concerns; present evidence-based information on the risks and benefits of common interventions and procedures used during childbirth; discuss your birth plans; and plan how we might best work together. I will also inform you of times when I am unavailable for labor support. We may also decide on other meetings and will remain in touch by telephone and/or email communication. I will be on call for your birth 2 weeks prior to your due date to help guide you when you go into labor.

CONTRACT OF SERVICES

During Labor

I will provide you with in-person doula support, unless agreed upon closer to due date that you require only virtual support. I ask that you call me when you think that you are in labor, so that I can help guide you with your next steps. **Always call your provider first when you think that you are in labor.**

After Birth

If you choose -- I am available to answer questions about your birth or your baby. I will schedule a postpartum meeting within a few days of the birth to discuss your birth, talk over breast/chestfeeding, newborn care, and get feedback from you about my role.

Postpartum Services

I believe that the postpartum period exceeds 8 weeks. The first year after delivery is crucial for parents. For this reason, I offer additional daytime virtual postpartum services throughout the first year after delivery. For the first 8 weeks, I am available virtually to provide breast/chestfeeding support within my scope of practice; provide emotional support and nurturing for the new parent; and provide guidance with newborn care and feeding. Each session will be \$100 for an hour long session.

CONTRACT OF SERVICES

After 8 weeks, I am available to contact via phone or email if you need emotional support or need information on community resources.

Limitation of Services

As a doula, I do not:

1. Perform clinical tasks, such as measuring blood pressure, fetal heart checks or vaginal exams. I am there to provide only physical comfort and emotional support and facilitate communication between you, medical staff, and care providers.
2. Make decisions for you. I will help you get the information that you need to make informed decisions.
3. Speak to medical staff or providers on your behalf. I will discuss your concerns with you and suggest options, as well as encourage you and your partner/spouse to voice your opinions, questions and concerns to the staff.
4. Provide medical advice. I can direct you to resources that might help you answer your questions and make informed decisions on your own. If you have questions or want advice about your care or that of your baby, you should contact your care provider.

CONTRACT OF SERVICES

Virtual Support

For the purposes of this contract, “virtual support” is defined as communications between Client(you) and Doula(I) via videoconferencing, text messaging, and phone calls. I will remain available throughout pregnancy and postpartum. I will ensure that the device to be used for virtual communications is charged, in working order, and remains powered on.

Confidentiality Release

You hereby give me permission to take notes about you and your birth, including personal information about yourself, and your child(ren). This information may be shared with professional community referrals if referrals are requested. Signing this contract also gives me permission to discuss your pregnancy and birth with other birth professionals in both formal and informal settings. I will never use your name, your child’s name, the date you gave birth or any other identifying information. A separate photographic and social media release is included in this agreement.

CONTRACT OF SERVICES

Responsibility of Client

I ask that you inform me of any pregnancy-related or other health complications or conditions you may have, as well as any other special circumstances you might have or require. I also ask that you keep me abreast of what happens at your prenatal appointments from 36 weeks forward (if your cervix is dilated, any tests or procedures you might experience, anything your care provider seems concerned about, etc). Text, email, videoconferencing and phone calls are all good methods for contact. If you need to contact me between the hours of 6 PM to 8 AM CST, please call instead of emailing or only texting. I should only be contacted between 6 PM to 8 AM CST for urgent matters. Closer to due date, communication methods will become more flexible. I also request that you inform your care provider that you have hired a doula.

Fees

Fees are agreed upon based on the selected doula service package. The total amount due is owed at the time of contract unless otherwise agreed upon in writing. I accept checks (made out to Canopy Doulas LLC), Credit/Debit Card, or money orders. If alternative means of payment are used, such as barter or sliding scale, they must be agreed upon in writing by you and I prior to the signing of this contract. Payment due is located at the bottom of this contract.

CONTRACT OF SERVICES

Photo & Social Media Release

You hereby give me permission to post photos/comments on social media and my website, provided that they are modest and respectful of your birth. I will only post with parents permission and photos given by the parents and/or ones reviewed by the parents.

If you do not wish to have photos/comments posted, initial here _____

Liability

In entering a contract for doula services with Cierra Jones, I/We hereby acknowledge that during the performance period of this contract, services will be provided to me/us virtually. I/We understand that Cierra Jones has a limited role pursuant to the description of tasks outlined in the above-referenced contract wherever services are provided to me/us.

Cierra Jones has not presented to me/us that contracting for services guarantees in any way a risk-free or emergency-free labor and birth experience. I/We understand that my/our doula does not make medical decisions on my/our behalf, to include the decision when to seek medical care at a hospital when labor support services are provided in my/our home.

CONTRACT OF SERVICES

Liability

When services are performed in a medical facility, I/we acknowledge that Cierra Jones is not responsible for the performance of clinical tasks to include medical decisions regarding the inclusion or exclusion of treatments available to me/us and my/our baby.

Now, therefore, in consideration of the above acknowledgements, I/we (both jointly and separately) on behalf of myself, ourselves, my/our heirs, administrators, personal representatives, executors, assign to RELEASE AND FOREVER DISCHARGE Cierra Jones and Canopy Doulas LLC from all damages or causes of actions, either at law or in equity, which I/we may have or acquire or which may accrue to me/us, my/our heirs, administrators, personal representatives, executors or assigns as a result of using the doula services of Cierra Jones and Canopy Doulas LLC. I/We intend this to be a COMPLETE RELEASE AND DISCHARGE them from all liability whatsoever.

CONTRACT OF SERVICES

Liability

I/We have read all statements contained herein and I/we fully realize that I/we are signing a COMPLETE RELEASE AND BAR to any claims which I/we have or believe I/we have resulted from our contract for doula services. If we have previously agreed upon any changes or addendums to this contract, including but not limited to additional services or changes to the services outlined above, please copy and paste the terms of the agreement below:

We have agreed to a fee in the amount of: \$300 (3 prenatal sessions; \$100/ea)

I/We have read this contract describing the doula's services and agree to enter into a client-doula relationship for pregnancy and birth with a due date of _____

Client Name _____ Signature _____ Date _____

Client Name _____ Signature _____ Date _____

Doula Name _____ Signature _____ Date _____



READY TO WORK WITH ME?

If you have read through this packet and have felt connected to have my support throughout your transition into parenthood, then I know that this is just the beginning of many conversations, deep nourishment, and support for you and your family. Thank you for trusting me with your heart and welcoming me into your intimate space.

Let's Get Started

cierria@canopydoulas.com

817-682-1038