

Life On The Inside

Client History

Personal Information

Mother's Name: _____ Date of Birth: _____

Father's Name: _____ Date of Birth: _____

Names of Children: _____ Email _____

Address: _____

City: _____ State: _____ Zip: _____

Directions to home: _____

Home Phone: _____ Pager: _____ Cell phone: _____

Mother's Occupation: _____ Work Phone: _____

Father's Occupation: _____ Work Phone: _____

Obstetrician/midwife: _____

Day phone: _____ Evening phone: _____

Pediatrician: _____

Day Phone: _____ Evening phone: _____

Planned location of birth: _____

Number of pregnancies (including this one:) _____ Number of live births: _____

Number of abortions: _____ Number of Miscarriages: _____

Last Menstrual Period: _____ Estimated DueDate: _____

Tell about previous birth experiences (length, positive/negative, etc... and why): _____

List any concerns or fears going into this birth: _____

Physical Conditions

Circle any conditions that apply.

Asthma	Personal trauma (e.g. rape, abuse)	Eating Disorders	
Diabetes	Bladder or kidney infections	Cancer	Cervical Surgery
Anemia	Hypertension/Hypotension	Rh factor	Breast Surgery
Sexual transmitted diseases (e.g. Hepatitis B, Herpes, HIV)			Group B Strep

Emotional problems

Explain any that apply: _____

Miscellaneous questions.

Do you take vitamin supplements? _____

Any drug or food allergies? _____

Do you drink alcohol? _____ If YES, how much? _____

Do you smoke? _____ If YES, how much? _____

Do you use other drugs or medications? _____ If YES, please explain: _____

Last method of birth control? _____

Religious/ Spiritual Preference? _____

If previous births-when did you give birth in conjunction with due date(s)? _____

Who will be present at the birth? _____

What responsibilities, if any, will they have? _____

What are your expectations for this birth? _____

What are your expectations of the doula? Why are you wanting doula? _____

How are you wanting to labor and why? _____

Contract of Services

Services provided:

- Prenatal consultation
- Continuous physical and emotional support in labor and birth
- Breastfeeding support
- Postpartum Consultation
- Pre and Postnatal phone consultations
- Help with birth plan if desired
- Document birth and labor with photographs
- Chart Labor and Birth Record
- 24/7 on call service**

Special Request:

Photo Release

By signing below I authorize Ranelle Williams to take photographs during the course of my/our labor, birth and postpartum. This is just to allow her to take not share photos with anyone. If interested and open to sharing please let Ranelle know.

CLIENT'S SIGNATURE

DATE

To the best of my knowledge the aforementioned is correct and accurate.

CLIENT'S SIGNATURE

DATE

DOULA'S SIGNATURE

DATE

Fees

Fees:

For the above-mentioned services, a \$400.00 non-refundable deposit is due at the time of contracting services. The remaining balance of \$400.00 is due at the time of birth. A postdated check works well for this second payment, dated for estimated due date. Then it is not cashed before birth. For the total amount payable for services rendered to be \$800.00. Please make check payable to Ranelle Williams. Fees are payable in cash or check.

In the case of precipitous labor and birth or maternal/fetal medical emergency, it may be impossible for me to provide these services during labor and birth. In such case, no refund is due as prenatal services may have been provided and client remains eligible for postpartum service. If I am out of town, with another client, or emergency there will be a backup doula provided and funds will not be returned.

If you fail to contact me in a timely manner to advise you are in labor for whatever reason or undergo unplanned surgery without notifying me, you will not be due a refund of any amount paid. Please inform me of your labor progress, as I need ample time to arrange childcare & schedule to attend you.

Deposit: _____ Ck: _____ Date: _____

Balance: _____ Ck: _____ Date: _____

CLIENT'S SIGNATURE DATE

DOULA'S SIGNATURE DATE

RELEASE FROM LIABILITY

In entering into a contract for Doula (Labor Support) Services with Ranelle Williams on (date) _____ I/We hereby acknowledge that during the performance period of this contract, services may be provided to me/us in my/our home, traveling to a medical facility, hospital, and/or birthing center. We understand that Ranelle Williams has limited role pursuant to the description of tasks outlined in the above-referenced contract wherever services are provided to me/us. Ranelle Williams has not represented to me/us that contracting for her services guaranteed in any way, a risk free or emergency free labor and birth experience. I/We understand that my/our doula does not make medical or nursing decisions on my/our behalf, to include the decisions when to seek medical care at a hospital or birthing center when labor support services are provided in my/our home. When services are performed in my/our home or a medical facility, I/we acknowledge that Ranelle Williams is not responsible for the performance of clinical tasks to include medical or nursing 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, and assigns to **RELEASE AND FOREVER DISCHARGE** Ranelle Williams from all damages or causes of action, either at law or in equity, which I/we may have or acquire or which may be accrued to me/us my/our heirs, administrators, personal representatives, executors or assigns as a result of using the doula services of (doulas name)_____.

I/We intend this to be a **COMPLETE RELEASE AND DISCHARGE** her from all liability whatsoever.

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 any have** resulting from our contract for doula services.

Client Signature	Date
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Client's Spouse/Partner Signature	Date
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Parents of minor Signature	Date
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Doula Signature	Date
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