

Life On The Inside

Ranelle Williams, Doula

Personal Information

About Mom

Mother's name

Date of birth

Occupation

About Dad

Father's name

Date of birth

Occupation

Mom's contact information

Email address

Phone #1

day land
 evening mobile

Phone #2

day land
 evening mobile

Dad's contact information

Email address

Phone #1

day land
 evening mobile

Phone #2

day land
 evening mobile

Address

for labor and pre/post natal visits

Street Address

Apartment

State

Zip

Directions to home

Client History Form

Medical Information

This birth

Obstetrician/Midwife	Planned location of birth
Phone #1 <input type="checkbox"/> day <input type="checkbox"/> evening	Last menstrual period
Phone #2 <input type="checkbox"/> day <input type="checkbox"/> evening	Estimated due date

Previous births

Number of pregnancies (including this one)	Talk about previous birth experiences (positive, negative, length, etc. and why)
Number of live births	
Number of abortions	
Number of miscarriages	
Timing compared to due dates	

Physical Conditions

Check any conditions that apply

<input type="checkbox"/> Anemia	<input type="checkbox"/> Cancer	<input type="checkbox"/> Group B Strep (GBS+)	<input type="checkbox"/> RH Factor
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cervical surgery	<input type="checkbox"/> Hypertension/Hypotension	<input type="checkbox"/> Seizures
<input type="checkbox"/> Bladder or kidney infections	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Sexually transmitted diseases (e.g. Hepatitis B, Herpes, HIV)
<input type="checkbox"/> Breast surgery	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Personal trauma (e.g. rape, abuse)	

Emotional considerations

Explain any that apply

Client History Form

Miscellaneous questions

Do you take any vitamin supplements?

Any drug or food allergies?

Do you drink alcohol?

Yes No

If yes,
how much?

Do you smoke?

Yes No

If yes,
how much?

Do you use drugs or
other medications?

Yes No

If yes,
please explain

Last method of birth control

Religious/Spiritual preferences

Birth preferences and intentions

Do you have any concerns or fears going into this birth?

What are your expectations for this birth?

Who will be present at this birth?

What responsibilities, if any, will they have?

Client History Form

What are your expectations of the doula?

Why are you wanting a doula?

How are you wanting to labor and why?

Verification

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

Client signature

Date

Client's spouse/partner signature

Date

Life On The Inside

Ranelle Williams, Doula

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**
- Back up support

Special Requests

Client Contract

Back up doula

Name

Home phone

Cell phone

Photo release

By signing below, I authorize and release Ranelle Williams to take photographs during my/our labor, birth and postpartum. This is just to allow her to take not share photos with anyone.

Client signature

Date

Client's spouse/partner signature

Date

Marketing photo usage release

By signing below, I authorize and release Ranelle Williams to post non-graphic, non-intimate, photos taken during the course of my/our labor, birth and postpartum for her sole use of marketing and education around healthy growing families.

Client signature

Date

Client's spouse/partner signature

Date

Client Contract

Fees

For the above-mentioned services, a \$800.00 non-refundable deposit is due at the time of contracting services. The remaining balance of \$800.00 is due at 37 weeks for all forms of payment other than a postdated check. 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 \$1600.00.

Payment options:

- cash
- check payable to Ranelle Williams. Postdate the check for the second payment for estimated due date.
- [paypal.me/ranellewilliams](https://www.paypal.me/ranellewilliams)
- Venmo@ranelle-williams
- Credit/debit cards are accepted as well though 3.5% will be added for additional fees

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 amount	Check No.	Issue date
_____	_____	_____
Balance	Check No.	Issue date
_____	_____	_____

Client signature	Date
_____	_____
Client's spouse/partner signature	Date
_____	_____
Doula's signature	Date
_____	_____

Client Contract

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 acknowledgments 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
_____	_____
Client's spouse/partner signature	Date
_____	_____
Parent of minor signature	Date
_____	_____
Doula's signature	Date
_____	_____