Flora's Health Services LLC

DOULA SERVICES

CLIENT WELCOME & INTAKE PACKET

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Caring for you, wherever you are

Welcome

Dear Client,

Welcome to Flora's Health Services LLC. It is an honor to be considered as part of your pregnancy, birth, and postpartum support team. My goal is to provide compassionate, nonjudgmental, evidence-informed emotional and physical support so you feel heard, prepared, and empowered.

Please complete the forms that apply to you and return them before your first prenatal planning visit.

With care and support,
Tanisha Taylor, LPN, Certified Doula

About Your Doula

- Tanisha Taylor, Licensed Practical Nurse (LPN)
- Certified Doula with a family-centered, respectful approach
- Support for pregnancy, birth preparation, labor comfort, advocacy, and postpartum adjustment
- Committed to informed choice, dignity, cultural sensitivity, and clear communication
- Doula support is non-medical and does not replace licensed medical or mental-health care.

Services Offered

- Prenatal education, goal setting, and birth-plan preparation
- Emotional support and comfort-measure coaching
- Continuous labor and birth support as described in the agreement
- Partner and support-person guidance
- Postpartum planning, recovery support, and newborn adjustment support
- Resource referrals and virtual check-ins when included

Client Rights & Responsibilities

- Respectful, compassionate, and nonjudgmental support
- The right to ask questions, express concerns, and decline activities
- Accurate and timely information from the client
- Respectful communication and adherence to payment and scheduling terms
- Call 911 or a licensed provider for emergencies; the doula is not an emergency responder

Client Information Form

Full legal name: _____

Preferred name: _____

Date of birth: _____

Email address: _____

Home address: _____

City / State / ZIP: _____

Preferred method of contact:

☐ Email ☐ Text ☐ Phone call

How did you hear about us? _____

Referred by: _____

Emergency Contact Form

Primary emergency contact name: _____

Relationship: _____

Phone number: _____

Secondary emergency contact name: _____

Relationship: _____

Phone number: _____

Preferred hospital / birth location: _____

Primary maternity-care provider: _____

Provider phone number: _____

Pregnancy & Health History

Estimated due date: _____

Is this your first pregnancy?

☐ Yes ☐ No

Number of pregnancies: _____

Number of births: _____

Previous pregnancy or birth outcomes:

Current physician / midwife: _____

Pregnancy complications, precautions, or concerns:

Medications, supplements, allergies, health conditions, or accessibility needs:

Birth History

Previous Birth #1

Date / year: _____

Location: _____

Type of birth:

☐ Vaginal ☐ Cesarean ☐ Assisted ☐ Other

What you would like me to know:

Previous Birth #2

Date / year: _____

Location: _____

Type of birth:

☐ Vaginal ☐ Cesarean ☐ Assisted ☐ Other

What you would like me to know:

Birth Preferences & Birth Plan

Planned birth setting:

☐ Hospital ☐ Birth center ☐ Home ☐ Undecided

Who do you want present? _____

Comfort measures:

☐ Breathing ☐ Movement ☐ Massage ☐ Hydrotherapy ☐ Heat/cold

☐ Music ☐ Other

Pain-management preferences:

☐ Unmedicated ☐ IV medication ☐ Epidural ☐ Open to options

Important wishes, boundaries, cultural practices, or affirmations:

Questions for your provider:

Partner / Support Person Form

Name: _____

Relationship to client: _____

Email address: _____

Phone number: _____

How would you like to support the client during labor?

What are your hopes or concerns for the birth?

How can the doula best support you?

Postpartum Intake Form

Infant feeding plan:

☐ Breast/chestfeeding ☐ Formula ☐ Combination ☐ Undecided

Other children and ages: _____

What postpartum support are you hoping to receive?

Areas of support:

☐ Recovery ☐ Infant care ☐ Feeding ☐ Meals ☐ Household

☐ Siblings ☐ Emotional support ☐ Referrals

Mental health history, current concerns, or supports you want us to know about:

Postpartum Care Plan

Top postpartum goals:

Primary support people: _____

Preferred visit frequency / schedule: _____

Support priorities:

- ☐ Rest
- ☐ Meals
- ☐ Feeding
- ☐ Newborn care
- ☐ Household
- ☐ Siblings
- ☐ Appointments
- ☐ Wellness

Visitor boundaries and communication plan:

Other notes or wishes:

Hospital Bag Checklist

For the client:

- [ ] Photo ID / insurance
- [ ] Birth plan
- [ ] Comfortable clothes
- [ ] Toiletries
- [ ] Nursing bra
- [ ] Going-home outfit
- [ ] Snacks
- [ ] Water bottle
- [ ] Phone charger

For baby:

- [ ] Car seat
- [ ] Going-home outfit
- [ ] Socks
- [ ] Hat
- [ ] Diapers / wipes
- [ ] Blanket

For support person:

- [ ] Clothes
- [ ] Toiletries
- [ ] Snacks / water
- [ ] Phone charger
- [ ] Medication
- [ ] Pillow / blanket

Payment & Cancellation Acknowledgment

Payment amounts, retainers, due dates, cancellation terms, and refund terms must be completed in the signed agreement before this page is signed.

Package selected: _____

Total fee: _____

Retainer paid: _____

Remaining balance due date: _____

Cancellation / refund terms:

Client initials: _____

Date: _____

Confidentiality & Privacy Acknowledgment

I understand that Flora's Health Services LLC will use the information I provide to plan and deliver doula support, communicate with me, maintain business records, and coordinate referrals when I authorize it. Information will be handled with discretion and shared only with my permission, for business operations, or as required by law. I understand that doula services are generally non-medical and this acknowledgment is not a substitute for the privacy notices provided by licensed healthcare providers.

Client signature: _____

Printed name: _____

Date: _____

Doula signature: _____

Date: _____

Photo & Social Media Release

Declining permission will not affect services. Select one option:

Permission:

☐ Approved use ☐ Review each item first ☐ No permission

Specific limits or instructions:

Client signature: _____

Date: _____

Doula Service Agreement Information

Before use, complete your exact package, availability, on-call window, backup plan, fees, travel limits, cancellation terms, and state-specific legal language. Consider legal and insurance review of the final contract.

Client name: _____

Package: _____

Estimated due date: _____

On-call period: _____

Prenatal visits included: _____

Postpartum visits included: _____

Backup doula / continuity plan:

Fees, payment schedule, scope, and limitations:

Client signature: _____

Date: _____

Doula signature: _____

Date: _____

Helpful Resources & Notes

Maternity-care provider: _____

Pediatric provider: _____

Lactation support: _____

Mental health support: _____

Childbirth education: _____

Community / transportation resource _____

Additional notes: