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| --- | --- | --- | --- |
| **Client name:** |  | **Date of Birth:** |  |
| **Address Line 1** |  | **Address line 2** |  |
| **Town** |  | **Post code** |  |
| **Gender** |  | **Marital Status** |  |
| **Mobile (or Main)** |  | **Emergency contact**  |  |
| **Occupation** |  | **Email Address** |  |
| **Referred by** |  | **Date of First Appointment** |  |
| **About your pregnancy and birth expectations** |
| Expected Due date |  |
| Place of Birth (hospital, home birth, midwife led unit) |  |
| Number of previous pregnancies and births |  |
| Previous Birth History (if relevant) |  |
| Previous experience and/or current feelings/concerns about birth and labour  |  |
| Do you have religious or cultural preferences relating to your birth experience? |  |
| Will anyone else be present for your labour and/or birth (other than doula)? What will their role be? |  |
| How do you feel about pain medication? |  |
| Do you have a birth plan? |  |
| Have you attended Childbirth preparation classes | **If yes, please state when and who was the provider (NCT, NHS etc)** |
| What are your thoughts about breastfeeding? |  |
| **Birth Doula Services**  |
| Why are you interested in having a doula for your birth? **Please list in order of priority importance to you**.  |  |
| What are your expectations from your doula?  |  |
| **Health information (in relation to pregnancy)** |
| Any cervical/lower abdominal surgery including C-Section? | Yes / No If yes, please briefly describe:If you had a C-Section, are you planning to have a VBAC? |
| Are you currently taking any medication, herbs or supplements?  | Yes / No If yes, please list by condition: |
| Briefly describe the current pregnancy history |  |
| **General Health Status – For multiple choice, please circle, bold, or delete as relevant** |
| **Height** |  | **Weight** |  |
| **Energy level** | Good / moderate / poor / erratic | **Appetite** | Good / moderate / poor / erratic |
| **Sleep Onset** | Fast / takes time / erratic | **Sleep Quality** | Good / moderate / poor / erratic |
| **Bowel Movement** | Regular / irritable / constipated / erratic | **Breathing** | Asthma / Other (describe) |
| **Nervous System** | Stroke / Fainting / Dizziness / Numbness Pins & Needles /Other | **Heart / Circulation / Blood Pressure** | High BP / Low BP / Arrhythmia /Heart Attack / Other: |
| **Typical diet** |  | **Mealtimes** | Regular / erratic / eat late in the evening |
| **Do you drink alcohol? How many units/week?** | Yes / No | **Do you smoke? How much?** | Yes / No |
| **Do you drink caffeine? How much per day?** |  | **Exercise Type & frequency** |  |
| **Family Medical History** |
| **Please list any health conditions that may be relevant:** | Mother: |
| Female Sibling or relatives: |
| The above information is correct and complete and I am willing to provide further information in follow up sessions. The signature below covers data privacy and liability waver statements on page 3 of this form. **Signed and date:****Print name:** |
| **Data Privacy statement:** Please note that your personal data will be stored and used in accordance with our Privacy Statement below.By providing us with your personal data, including sensitive personal data, such as information on your health, you consent to the collection and use of any information you provide in accordance with the above purposes and this privacy statement. By signing this form you are agreeing to the use of the information for these purposes. We will not be sharing your data with third party supplier without your explicit consent. We will all reasonable endeavours to ensure that you provide personal information in a secure and confidential environment and when the information is no longer needed it will be destroyed or permanently rendered anonymous. We will only use your personal information for direct marketing purposes of yoga therapy related services. By signing this form, you agree that you are happy to receive this information. If you change your mind at any time in the future, please write to above email address to request removal form the distribution list. You may request details of personal information which we hold about you under the Data Protection Act 1998. A small fee may be payable. If you would like a copy of the information held on you, please write to the address as per above. If you believe that any information we are holding on you is incorrect or incomplete, please email us as soon as possible, at the above address. We will promptly amend any information found to be incorrect. To prevent unauthorised access, maintain data accuracy, and ensure the correct use of information, we have put in place appropriate physical, electronic, and managerial procedures to safeguard and secure the information we collect.**Liability release:** I hereby acknowledge that during the performance of this contract, services may be provided to me in my home, at a hospital or other medical facility, and/or birth centre. I understand that Vera ***Dubrovina-Thompson*** has a limited role pursuant to the description of tasks outlined in the contract where services may be provided to me. ***Vera Dubrovina-Thompson*** has not represented to me that contracting for her services guarantees in any way a risk free labour and birth experience. I understand that my doula does not make medical or nursing decisions on my behalf, including decisions about when to seek medical care at a hospital or from other health care professionals. When services are performed in my home or a medical facility, I acknowledge that ***Vera Dubrovina-Thompson*** is not responsible for the performance of clinical tasks, including medical or nursing decisions regarding the inclusion or exclusion of treatments available to me and my baby. Therefore, in consideration of the above acknowledgements, I agree to release and forever discharge ***Vera Dubrovina-Thompson*** from all damages or causes of action, either at law or in equity, which I may have or acquire, or which may be accrued to me, my partner, our heirs, administrators, personal representatives, executors, or assigns as a result of using the doula services of ***Vera Dubrovina-Thompson***. My signature further acknowledges that I shall not now or at any time in the future bring any legal action against ***Vera Dubrovina-Thompson***; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. **My signature is binding to this liability waiver from the date of the signature on page 2 of this document.** |