

Doula Services Information and Consent Form

Please complete the following information in full:

Dr. Miss. Mrs. Ms.

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

City: _____

Prov./Terr.: _____ PostalCode: _____

Work Phone: _____ Extension: _____

Home Phone: _____ Mobile Phone: _____

FaxNumber: _____ OtherPhone: _____

E-mail: _____

Preferred contact method: _____

May we leave a message? _____

Date of Birth: _____ Month / Day / Year

Due Date:

Birth Partner (Name & Relationship):

Primary Practitioner: _____

Family Doctor:

Name: _____ Phone Number: _____

Address: _____

Emergency Contact

Name: _____ Phone Number: _____ Relationship: _____

How did you hear about Gaia Integrative Clinic?

Referral Website Newspaper Yellow Pages Advertisement Friend/Family

Other: _____

I, the undersigned, voluntarily consent to the informational prenatal and postnatal sessions provided to me at Gaia Integrative Clinic through The Confident Birth Series, and the birth doula services provided by the certified doula. Any potential risks will be explained to me in a manner that I can understand prior to my participation in doula services. With this knowledge, I understand and acknowledge that I may ask questions regarding the information being provided at any time and that I am free to withdraw my consent and discontinue participation in any prenatal session or doula service at any time. I further understand and acknowledge that no guarantees have been given to me by Gaia Integrative Clinic or any of its practitioners or personnel regarding my birth experience or birth outcomes.

I hereby consent to the collection, use and/or disclosure of my personal information for purposes related to the delivery of patient/client care and other related uses at Gaia Integrative Clinic. I understand that a record will be kept of the health and informational services provided to me. I further understand that my personal information including this record will be kept confidential and will not be released to others unless so directed by me or my representative or otherwise permitted or required by law. I acknowledge that my personal information will be shared with the birth doula providing back-up on-call support, if applicable. I understand that the Birth Doula and Childbirth Educator provides on-call services, and that I may be contacted prior to a scheduled session to re-schedule to an alternate convenient time if the Birth Doula is called out to attend a birth.

I hereby acknowledge and agree that I am financially responsible for all payments owing for services received at Gaia Integrative Clinic. I understand and agree that payment must be made at the time services are rendered and/or at the time products are purchased. Additionally, I am aware of the clinic's policy for missed or cancelled appointments. I agree to pay the charge of 50% of the cost of a scheduled visit should I miss or cancel or wish to change a previously scheduled appointment without providing a minimum of 24 hours advance notice. If I should not be able to attend the last one or two sessions of The Confident Birth series, they will transfer over to Post-natal follow up sessions. If I should not be able to attend more than two of The Confident Birth series sessions, I will be eligible for a partial refund.

Client Name

Client Signature

Date