

PRE/POST NATAL Support and Settling Consulting

Doula'ette Profile

Date: \_\_\_\_\_ Please mark appropriate ( )

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Mb: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

( ) Husband ( ) Partner name: \_\_\_\_\_ Mb: \_\_\_\_\_

Partners Occupation: \_\_\_\_\_

Smokers Y/N Addictions: Y/N Prescribed Medications: Y/N

Family Religious/Spiritual Beliefs: \_\_\_\_\_

How Many Pregnancies?: \_\_\_\_\_ How many births? \_\_\_\_\_

Child/rens name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Siblings: Name: \_\_\_\_\_ age: \_\_\_\_\_ B/G \_\_\_\_\_ Gen/Step \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_ B/G \_\_\_\_\_ Gen/Step \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_ B/G \_\_\_\_\_ Gen/Step \_\_\_\_\_

Name: \_\_\_\_\_ age: \_\_\_\_\_ B/G \_\_\_\_\_ Gen/Step \_\_\_\_\_

A detailed summary of the childs birth experience: \_\_\_\_\_ (use additional sheets if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you breastfeeding or bottle feeding? (<please circle one)

If bottle ( )human milk- expressed or donor ( )formula – supermarket/prescribed

Other Birth Experience Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or are you participating in any parenting or sleep settling programs? If so, please name.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications/Supplements: Y/N \_\_\_\_\_

\_\_\_\_\_

Any Conditions, Illnesses, allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Things that may be helpful to know about your family/child?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What types of tasks would you like from your in home support doula?  
 \_\_\_\_\_  
 \_\_\_\_\_

What would you like to achieve from this service?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Further comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <b>We are interested in, or want to find out more about your services in:</b> | <input type="checkbox"/> Hypnotherapy                              | <input type="checkbox"/> Parent/Pregnancy Coaching        |
|   | <input type="checkbox"/> Trauma Resolution                         | <input type="checkbox"/> Massage – Pregnancy or Postnatal |
|   | <input type="checkbox"/> Postnatal Doula Support                   | <input type="checkbox"/> Massage - Infant                 |
|   | <input type="checkbox"/> In home settling support - Infant/toddler | <input type="checkbox"/> Relationship coaching            |
|   | <input type="checkbox"/> Placenta Encapsulation & Services         | <input type="checkbox"/> Breastfeeding Support            |
|   | <input type="checkbox"/> In Home Help                              | <input type="checkbox"/> Child Care                       |
|   | <input type="checkbox"/> Womb sealing Ceremony                     | <input type="checkbox"/> Belly Binding                    |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Sibling birth support                     |   |

I \_\_\_\_\_ and \_\_\_\_\_ agree that we are consulting with \_\_\_\_\_ of Butterfly Beginnings to help us within our family and give us tips, tools and resources within our family to create a more restful and peaceful household.

Should there be matters medical in nature that may interfere with getting positive results, we will inform Butterfly Beginnings to discuss immediately so a decision can be made for sessions to go ahead or be rescheduled.

Full payment is required before an assessment will commence and cancellation refunds will not be given unless 2 weeks notice is advised. Any cancellations occurring within these two weeks, a partial refund of 50% will be offered should the initial problem have been resolved. Should a Butterfly Beginnings Consultant need to reschedule with you within 48 hours of the agreed booked date and time, you will receive a \$50 credit paid to you in the same form you paid us.

Signed

Parents

\_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Settling Support Consultant

\_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

