



ABUNDANT LIFE  
DOULA SERVICES

Thank you for choosing Placenta Encapsulation with *Abundant Life Doula Services*.  
Please complete this form and submit to reserve your services.

Client Name \_\_\_\_\_ Client Phone \_\_\_\_\_

Partner Name \_\_\_\_\_ Partner Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Doula Name \_\_\_\_\_ Doula Phone \_\_\_\_\_

Caregivers Name (OB-GYN, Midwife, GP) \_\_\_\_\_

Baby # \_\_\_\_\_ Estimated Due Date \_\_\_\_\_

Planned Place of Birth: \_\_\_\_\_

Allergies (specifically herbs/food) \_\_\_\_\_

\_\_\_\_\_

Do you have a history of depression?  No  Yes

Do you have any transmittable diseases?  No  Yes: \_\_\_\_\_

Are you Vegan?  No  Yes

Prior to dehydration I am interested in having my placenta:  Raw  Steamed  
(\*Steaming is recommended to adhere to Traditional Chinese Method\*)

***\*Please read the following statements and initial to indicate that you understand and agree.\****

In the event my primary encapsulator cannot process it immediately (unforeseen circumstances, another client has given birth shortly before you, etc.), I grant permission to a backup encapsulator to process my placenta.

\_\_\_\_\_ Agree  
*client initials*

I am ok with waiting for my placenta to be processed in the event my primary encapsulator cannot process it immediately (unforeseen circumstances, another client has given birth shortly before you).

\_\_\_\_\_ Agree  
*client initials*

I am ok with the encapsulation process taking place in the encapsulator's home (abiding by food safety regulations and requirements, providing a sterile environment, etc).

\_\_\_\_\_ Agree  
*client initials*

I understand that the placenta pills I will be taking will not replace the need for pharmaceuticals or psychological help if I have pre existing health concerns or if I begin to experience any health problems and that I will seek medical attention if I begin to experience any acute or unusual physical or mental health problems.\*\*

\_\_\_\_\_ Agree  
*client initials*

What are you looking to experience from the placenta pills?

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How did you hear of Abundant Life Doula services? \_\_\_\_\_

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***\*\*DISCLAIMER: Placenta pills are not intended to cure any type of health disorder or disease. A qualified healthcare provider must be informed if the mother has a history of depression or is showing signs of postpartum depression or psychosis as these require medical attention beyond the scope of the placenta encapsulator. Please be advised that the placenta pills are strictly intended to aid in the support of postpartum recovery and do not replace pharmaceuticals or psychological assistance required to treat any type of health concern.***

**\*Payment Options and Fees\***

*Payment is collected prior to or upon drop off/pick up of placenta, before encapsulation.*

*The optimal time for retrieval is within 24-48 hours of delivery if possible.*

*Please be sure to call 714-261-1458 to inform of its readiness.*

Choose your preference:

- Client responsible for drop off \$200
- Client requesting pick up *(fee dependent upon location)* \$275-\$300

Additional/Optional Services (check only if interested):

- Tincture \$35
- Art *(receiving a minimum of 6 prints)* \$60

**Total Payment** based upon options selected: \_\_\_\_\_

Payment Method:     Cash     Check

**I understand that a deposit of half of the fee will be retained/due if services are cancelled by client after agreement.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that I am also required to submit a copy of my lab results or a letter from my medical provider verifying negative status of HIV, RPR (Syphilis), Hep B, and Hep C.

\_\_\_\_\_ Agree  
client initials

The necessary paperwork is attached to this completed form.

I will return the necessary paperwork via mail, email, or in person in the near future.

Abundant Life Services  
Ashlee Morton, CD(DONA)  
[abundantlifedoula@gmail.com](mailto:abundantlifedoula@gmail.com)  
714-261-1458