

Postpartum Client Worksheet

Please complete and return with minimum deposit of \$175, applicable toward your care. You may pay deposit through the button below or at www.paypal.me/birthpartners

Name *

Jessica Oleson

Estimated Due Date *

MM DD YYYY

08 / 28 / 2020

Singleton pregnancy or multiples (twins, triplets, etc) *

singleton thank goodness!

Email Address *

jroleson@gmail.com

Street Address *

53 Sturges Hwy

City *

Westport

State *

CT

Zip Code *

06880

Phone (Home, Cell, Work) *

2039194493

Services:

* Doulas are scheduled for a minimum of four hours at a time during the day, and six hours at a time for overnight care.

The postpartum service(s) which I think will be most important to me are (check as many as apply):

- Education
- Bathing, diapering and cord care
- Breastfeeding assistance and support
- Emotional support
- Errands and grocery shopping
- Laundry
- Light housekeeping
- Light meal preparation
- Sibling support
- Overnight care
- Other: general assistance as I recover from what's expected to be a tough c-section

Ideally, I would like my postpartum doula:

- 5 - 7 Days a Week
- 3 - 5 Days a week
- 1 -3 Days a Week
- Not Yet Determined
- Other: 4-5 days while in hospital

Preferred Time(s) of Day

- Mornings
- Midday
- Afternoons
- Evenings
- Overnights
- Not Yet determined
- Other: 24 hours with some breaks (tbd)

Preferred Length of Service

- One to Two Weeks
- Two to Four Weeks
- One to Three Months
- More Than Three Months
- Not Yet Determined
- I would like an optional prenatal home evaluation with my doula (see rate sheet for applicable fees)

Family Needs

Are there siblings? If yes, what are their ages?

n/a as we will be in hospital, but 5 siblings ages 1-7

Are there school, daycare, and/or other activities that may involve our assistance as it pertains to siblings? If yes, what might they be?

no

Are there any specific family philosophies of which we should be aware? If yes, please detail.

not that I can think of

Are there any dietary restrictions or allergies in the home? (Including religious, vegetarian, vegan etc.)

no

Do you have pets? If yes, what type?

n/a but no

Is there anything else you'd like to share with us that may be important for us to know?

not that I can think of

General information and Policies

Please sign and return, with completed Postpartum Client Worksheet and deposit, to: Birth Partners LLC, Postpartum Services, 160 Andrew Ave 2nd Floor, Naugatuck, CT 06770 ATTN: Deby Brackett

Services

1. We provide care including but not necessarily limited to: infant care, bathing, diapering & cord care, breastfeeding assistance and support, emotional support, light housekeeping, errands, grocery shopping & sibling support.
2. Postpartum care is limited to the 90- day period beginning with the discharge of the newborn from the hospital/birth center. We may provide postpartum care after 90-days postpartum; however newborn babies must take precedence in terms of scheduling, and a "Hold Harmless" agreement must be signed in advance.

Scheduling, Fees. And Cancellations

1. Our goal is to insure continuous, high-quality postpartum care to you, but due to unforeseen circumstances (illness, severe weather etc.), we reserve the right to provide a qualified substitute doula.
2. Due to the imprecise nature of due dates and scheduling postpartum services, Birth Partners cannot guarantee a particular doula for the length of service, but will make every effort to do so.
3. Days/hours are scheduled weekly, through Christina Schulze, Postpartum Coordinator. Please contact her at (860) 309-0370 or birthpartnerspostpartum@gmail.com
4. Please notify the Postpartum Coordinator as soon as possible if your needs change. We will make every effort to meet your request but cannot guarantee preferred days/hours.
5. Fees are paid weekly in full (see hourly rate sheet). There is a fee of \$25 for returned checks.
6. Client will pay standard federal mileage reimbursement rate per mile, plus regular hourly rate, for errands the doula is asked to provide outside the client's home. We do NOT charge for mileage other than for errands using the doula's own vehicle. The client is also responsible for the doula's parking fees, if any.
7. Hours and/or services which the client wishes to reschedule or cancel must be done directly with the Postpartum Coordinator at least 24 hours in advance of the scheduled start time for no fees/penalties to be incurred. Doula hours/services rescheduled or cancelled at the client's request between 12 and 24 hours prior to the doula's scheduled start time will incur a fee of one-half (1/2) of the normal fee charged for those hours. For rescheduled hours or cancellations which occur less than 12 hours prior to the doula's scheduled start time, fees for the scheduled hours will be due in full.
8. Birth Partners must be notified within 14 days prior to estimated delivery date* if the client intends to cancel this agreement in order for a refund to be issued. Deposits, less \$100.00 for administrative costs, will be refunded ONLY if we are notified within the 14-day period outlined above. (*as indicated on the Postpartum Worksheet).
9. Deposits received and not used or transferred (to another Birth Partners service or friend/family/colleague) within 6 months of the date of receipt will be forfeited.

Liability

1. We work as an adjunct to your Health Care Providers (pediatrician, lactation consultant, midwife, obstetrician etc.) and in no way are a substitute for their care or expertise. The responsibility for clinical/medical management belongs to the client and her health care provider(s). Birth Partners' services are strictly NON-MEDICAL. We are not responsible for nor are we trained to handle any medical emergencies concerning your baby or family that may occur while a doula is under your employ, except to call "911" and offer emotional support.
2. Due to liability issues, doulas are required to drive their own cars while performing errands. Before transporting child(ren) for a client, client must install proper child restraints and car seats in doula's vehicle and sign a transport waiver.

I have read, understood, and agreed to the above procedures, policies, general information, and Statement of Policy. *



Please Check

Client Confidentiality Release I give my permission, for Birth Partners, LLC to share the above information with the postpartum coordinator, doula(s) assigned to me, and any substitute doula (if applicable), including personal information I choose to disclose, information regarding my child(ren), and/or the labor and birth of my child(ren). *

Please Check

Date *

MM DD YYYY

07 / 31 / 2020

Payment options: You may pay via PayPal: [PayPal.me/birthpartners](https://www.paypal.com/merchot?p=BirthPartners) If you prefer, you may mail payment to us: Birth Partners, LLC, 357 Stratford Rd, Stratford CT 06615

Questions? Contact:

Christina Schulze, Postpartum Coordinator

860-309-0370

birthpartnerspostpartum@gmail.com

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