

Mother's Milky Way Placenta Encapsulation Intake Form

Client Prenatal Information

Is this your first pregnancy?

How has this pregnancy gone so far? Any complications?

Are you delivering in a hospital, birth center or home birth scenario?

Have you made your care provider aware of your plans to keep and encapsulate your placenta?

How was their reaction?

Do you plan on having Cindi pick the placenta up at the time of birth or at your home?

Are you having a boy or a girl?

How did you hear about placenta services?

Why have you chosen to use your placenta for your postpartum health?

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Please Circle One

I have attached a copy of my blood work

I am faxing a copy of my blood work

I am e-mailing a copy of my blood work

Will provide a copy of my blood work at the time of birth/pick-up

Name: _____

Estimated Birthing Date: _____

Place of Birth: _____

Best method of contact: _____

Home Address: _____

Mother: _____ Date: _____

Cindi Cnop _____

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I _____ agree to the following:

- Calling my specialist when I think/know I am starting to labor**

- Calling my specialist when I am fully dilated (10 cms) or starting the pushing phase of my birth**

- Allowing at least 1 hour for my specialist to get to me to pick the placenta up, unless other arrangements have been made prior**

- Providing ice for transport of my placenta within reasonable accommodation**

- Signing the waiver and any other necessary forms**

- Providing my specialist with a drop of location and reliable contact information**

- Understanding that deposits are non-refundable unless other arrangements have been made prior**

- Assuming all responsibility on my own profound belief of the placentas healing and empowering properties**