

The Soulful Birth Placenta Encapsulation Intake Form

Please Circle One:

I have attached a copy of my blood work

I am emailing a copy of my blood work

Name: _____

Estimated Birthing Date: _____

Place of Birth: _____

Phone #: _____

Email: _____

Partner's Name: _____

Partner's Phone# _____

Home Address: _____

Mother's Signature: _____

Date: _____

Nina Phelan _____

Date: _____

Payment: **\$350**

Received: _____

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I _____ agree to the following:

***texting Nina Phelan when I think/know that I am starting labor**

***texting Nina Phelan when the baby has arrived**

***signing the waiver and providing a copy of blood work**

***providing Nina with a drop off location and reliable contact information**

***understanding that deposits and payments are non-refundable**

***assuming all responsibility on my own profound belief of the placenta's healing properties**

Mother's Signature: _____ **Dat** _____

Nina Phelan _____ **Date:** _____