**REBECCA GAY, DOULA, CLC, CBE**

**1801 Piney Grove Road, Loganville, GA 30052**

**PLACENTA ENCAPSULATION REGISTRATION**

Please download this form, complete it, and then upload it back to me. Please insert your answers and make them **BOLD** and change the color of the font for ease of reading. Email the form back to me at [RebeccaGayDoula@gmail.com](mailto:RebeccaGayDoula@gmail.com) All information will remain confidential.

**THE FEE** for Placenta Encapsulation is $200. **This fee includes** Pick up, Delivery, Encapsulated Pills, and a Cord Keepsake (when cord allows)

**PAYMENT** can be made via debit or credit card using PayPal

(Link can be found on website under PLACENTA ENCAPSULATION)

**BASIC INFORMATION**

Your Name: Your partner’s name:

Complete Home Address (with city and zip code):

Your phone#: Partner’s phone#: Email Address:

Estimated Due Date:

Where do you plan to birth?  Hospital’s Complete Address:

Do you plan on using narcotic or epidural pain relief during labor?

**HEALTH HISTORY**

Have you ever been diagnosed with an Infectious Disease (AIDS, HIV, Herpes, Hepatitis, Lyme):

Please describe your physical health in general:

Please list any chronic illnesses or health issues that may affect pregnancy, labor or birth.

Please list any medications or supplements that you take regularly.

Have there been any problems with this pregnancy (Please Explain)?

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**RELEASE OF LIABILITY AND SERVICE AGREEMENT**  
I understand that Rebecca Gay and Peach Blossom Baby Birth Services will prepare, dehydrate, and encapsulate my placenta under clean conditions and adhering to OSHA bloodborne pathogen standards. The potential benefits of placenta encapsulation have not been reviewed or endorsed by the FDA and are not intended to prevent or treat any physical or mental illness. Placenta services are not intended to replace medication or the advice of my health care provider(s). \_\_\_\_\_\_\_\_\_\_ (initial here)  
  
I agree to notify Rebecca Gay of Peach Blossom Baby Birth Services, via phone call, immediately following the birth of my baby. \_\_\_\_\_\_\_\_\_\_ (initial here)

Upon receiving my placenta capsules, I waive any and all rights to holding Rebecca Gay or Peach Blossom Baby Birth Services responsible for any undesired effect(s) from consuming the capsules. I acknowledge that it is my personal decision to ingest, or discontinue taking, the capsules based on either positive benefits or any negative reactions experienced. \_\_\_\_\_\_\_\_\_\_ (initial here)

It is not recommended to share my placenta products. I understand Rebecca Gay or Peach Blossom Baby Birth Services is also not liable should any other person(s) ingest my own placenta capsules or products. \_\_\_\_\_\_\_\_\_\_ (initialhere)  
  
Should I be diagnosed with a uterine or amniotic infection I understand that my placenta may not be available for consumption. In the event my placenta is unavailable to me, I will be refunded my entire fee minus a $50 non-refundable deposit. \_\_\_\_\_\_\_\_\_\_ (initial here)  
  
If understand that if the placenta has come into contact with meconium (baby's first bowel movement), it may be heavily stained. I understand the hospital may be reluctant to release a placenta in these circumstances. I may need to be adamant about having it released; possibly offering to sign an AMA form to have my placenta released. I understand meconium is a sterile substance. If I choose to still have my meconium stained placenta encapsulated; the placenta will be thoroughly washed. The fetal side and amniotic sac (which are meconium stained) are dissected away leaving the maternal side of placenta. The unstained maternal side of the placenta is used for encapsulation. \_\_\_\_\_\_\_\_\_\_ (initial here)

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Printed Full Name Signature Date