**Reflexology for Labour and Birth Consultation form**

**Name:** **D.O.B.** **Age:**

**Address**:

 Phone:

**Partner/husband name**: Phone:

**Second emergency contact name**: Phone:

GP Surgery Phone:

**Issues in this pregnancy**: Headaches Heartburn Anxiety Bleeding Indigestion

Blood pressure Insomnia Itching skin Cravings Pelvic floor Asthma

Pelvic Girdle pain Depression Diabetes Dizziness Aching joints Fibroids

Lower back pain Poor sleep Nosebleeds Constipation Varicose veins Anaemia

Morning sickness Oedema Breathless Pre-eclampsia Other

**Current medication**:

**Due Date: Previous births:** (please describe the birth experience below)

N/A One

Two

Current birth “plan”

1. I have informed my midwife and/or consultant that I will be receiving reflexology and/or yoga support during my labour and this has been agreed.

2. I understand that, should I need/ request Caroline to stay longer than already paid for, I will pay any outstanding monies per hour or part thereof over the agreed amount within 7 days.

3. I understand that, should I/ the midwife/ consultant need/ request for Caroline not to stay to the length of time already paid for, there are no refunds on the time deposits paid.

4. I understand that Caroline is a trained reflexologist and yoga teacher, and as such is here to support me in that alone, along with my birth professionals in the birth of my baby/ies.

Signed: Print: Date

I agree to best support this lady, her baby and her husband/partner on her birth journey with reflexology and yoga as previously agreed.

Signed: Print: C. Svitana Date