

# the doula experience

inspiring joyous births



## REFRESHER REGISTRATION QUESTIONNAIRE



Every attempt will be made to schedule a private, individualized refresher session(s) to meet your specific needs. Please return this completed form as soon as possible, along with the full fee for the number of sessions booked and any materials ordered. The fee for a private session(s) in your home is \$150.00 per session (approximately 2 – 2.5 hours). The fee for a private session(s) in my home in Strongsville is \$100 per session (approximately 2 – 2.5 hours). If you decide not to proceed with the refresher session(s) after you have registered, a \$25 cancellation fee will be retained. If you decide not to proceed with any scheduled sessions subsequent to the first completed session, the full fee will be retained. Payment can be made by check or money order payable to Sunday Tortelli or through Pay Pal (with a transaction fee) on-line at [www.doulaexperience.com](http://www.doulaexperience.com).

If you need, or would like to have, additional or updated materials, indicate your order below. Choices include the 3<sup>rd</sup> revised edition of *HypnoBirthing—The Mongan Method* book and *Rainbow Relaxation/Birthing Affirmations* download set, the *Comfort Zone* music CD, and/or a folder of handouts. Payment can be made along with the session(s) fee by check or money order or through Pay Pal (with a transaction fee).

If you have any additional questions or concerns prior to registering, please do not hesitate to contact me.



**Please indicate your preferences:** 1 Session \_\_\_\_\_ or 2 Sessions \_\_\_\_\_; Scheduled: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_

**Indicate preferred day** (number as 1<sup>st</sup> thru 3<sup>rd</sup> choice) **and beginning time** (sessions average 2 - 2.5 hours):

Monday 10am to 7 pm	Wednesday 10am to 7pm
Thursday 10am to 7pm	Saturday 10am only

Unavailable dates: \_\_\_\_\_ Target ending date: \_\_\_\_\_

**Indicate preferred session arrangements:**

- Private session(s) in Strongsville  Private session(s) in my home

*For private sessions in your home, we need a TV/ DVD and a CD player and arrangements must be made for children to be cared for elsewhere.*

- Please be advised that it may be necessary to postpone a session due to extenuating circumstances (such as the practitioner's attendance at a client's birth). You will be afforded as much advance notice as possible and rescheduling will be accomplished promptly.

- I would like to order the following materials:

- Book & Rainbow Relaxation/Affirmations set @ \$40;  Comfort Zone CD @ \$20;  Handout folder @ \$10

**Please provide the following information:**

Mother's Name: \_\_\_\_\_ Phone: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Phone: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Referred by: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Partner's occupation: \_\_\_\_\_

Previous HypnoBirthing practitioner: \_\_\_\_\_ # of sessions: \_\_\_\_\_; year: \_\_\_\_\_

No. of previous pregnancies: \_\_\_\_\_ No. of previous births: \_\_\_\_\_ No. Vaginal: \_\_\_\_\_ No. Cesarean: \_\_\_\_\_

Name(s)/age(s) of child(ren): \_\_\_\_\_

Due Date: \_\_\_\_\_ OB/midwife: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Doula: \_\_\_\_\_

General health of this pregnancy: \_\_\_\_\_

Please list the HypnoBirthing techniques and/or topics you wish to focus on during your refresher session(s). Also share insights about yourself that might be helpful, which will remain confidential. Some examples: previous experience with HypnoBirthing; previous birth experience; specific fears or concerns regarding your upcoming birth; goals you would like to achieve; or anything else that you feel would be significant. (Continue on reverse, as needed).

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Sunday Tortelli, CCE, CD(DONA), BDT(DONA), HBCE, LCCE, CLC, FACCE  
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