



## End-of-Life Doula Intake Form

Confidential Client Information - Compassionate support for sacred transitions.

### Client Information

Full Name: \_\_\_\_\_

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

Preferred Name (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Primary Contact Person (if not client): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Primary Contact's Phone & Email: \_\_\_\_\_

### Current Living Situation

Home  Hospital  Hospice Facility  Long-Term Care  Other: \_\_\_\_\_

Name of Care Facility (if applicable): \_\_\_\_\_

Primary Physician or Care Provider: \_\_\_\_\_

Diagnosis / Life-Limiting Condition : \_\_\_\_\_

Estimated Prognosis (if known): \_\_\_\_\_

Do you have a current DNR or advance directive in place?  Yes  No  Unsure

### Emotional, Spiritual & Cultural Support Needs

What kind of emotional or spiritual support feels important at this time?

---

Are there any cultural, spiritual, or religious practices we should honour?

---

What fears, concerns, or wishes are you or your loved one currently holding?

---

### Services Requested

Vigil Planning & Presence  
 Legacy or Memory Projects  
 Grief Support for Family  
 Advance Care Planning  
 Comfort Measures (non-medical)  
 Guided Meditation / Energy Work  
 Presence During Transition  
 After-Death Ritual Guidance  
 Other: \_\_\_\_\_

## Energy & Intuitive Support

Would you like Reiki, breathwork, or energetic support included?  Yes  No  Unsure  
Have you experienced Reiki or energy work before?  Yes  No  Maybe

## Emergency or Urgent Contacts

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone & Email: \_\_\_\_\_  
Preferred Contact Method in Case of Crisis or Decline: \_\_\_\_\_

## Additional Notes or Requests

Anything else you'd like to share about your needs, hopes, or journey:

---

---

## Consent

I understand that services offered are non-medical and complementary in nature. I consent to receive End-of-Life Doula support in accordance with my needs and beliefs.

Signature (Client or Authorized Contact): \_\_\_\_\_  
Date: \_\_\_\_\_