



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: _____