



Chesapeake Bay Death Doula

INTAKE FORM - End-of-Life Doula Services

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Date (Month/Day/Year)

/ /

PATIENT INFORMATION

Full Name

Phone Number

Mailing Address

Email Address

City

State / Province

Is the patient currently making their own medical decisions?

☐ Yes ☐ No

ZIP / Postal Code

Phone

If no, is there a healthcare proxy in place?

☐ Yes ☐ No

HEALTHCARE PROXY INFORMATION (IF APPLICABLE)

Full Name

Phone Number

Relationship to Patient

Email Address

EMERGENCY CONTACT

Full Name

Phone Number

Relationship

Email Address

The Details

Where is the patient currently living?

Main Healthcare Provider (HCP)

Location Address

Healthcare Provider's Contact Information

City

State / Province

Please list any other involved professionals (doctors, therapists, insurance, etc.)

ZIP / Postal Code

Phone

MEDICAL HISTORY

Terminal Illness(es) (please be specific)

Date of Birth

Age

What is the patient's prognosis?

Allergies (food and/or medications)

Other Diagnosed Health / Medical Conditions

Current Medications

Services

Please indicate which topics you would like to discuss. Check all that apply.

- ☐ Healthcare Advocacy (help in navigating the medical system)
- ☐ Advanced Care Planning
- ☐ Ways to create a legacy project
- ☐ Vigil / bedside services and respite
- ☐ End-of-life Planning
- ☐ Natural pain management strategies
- ☐ Herbal remedies for pain management and relaxation
- ☐ How to care for the body after death
- ☐ Education on types of burials and caskets
- ☐ Discussing cremation or embalming options
- ☐ Discussing type of ceremony, visitation, wake, funeral, life celebration, or memorial service options
- ☐ Discussing special requests by the dying individual
- ☐ Bereavement Support
- ☐ Discussing how to incorporate cultural preferences and/or rituals
- ☐ Discussing how to incorporate religious preferences and/or rituals
- ☐ Writing the obituary
- ☐ Writing and/or editing of the eulogy
- ☐ Spiritual support
- ☐ Assist with facilitating family meetings
- ☐ Creating a living will and/or trust
- ☐ Other (please indicate below any additional topics you would like to discuss)

Following the free consultation, your end-of-life doula will spend up to 2 hours with the patient/caregiver/family reviewing the end-of-life doula approach as well as going through a review of the services we provide. If we decide to work together, we will review the Service Agreement with you as well.

Expectations

What do you anticipate will be your greatest challenge during this transitional period?

What do you fear and what do you worry about?

What do you find comforting? (what type of environment, music, meditation, etc.)

What type of support would you like from an end-of-life doula? Is there anything you would not want?

Please take the time to write out anything else you would like me to know.

Next Steps

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You've made it this far - now what? Email me a completed copy of this intake form and I will be in touch shortly! In the meantime, we've got tons of free resources on our website.

WE'VE GOT YOU COVERED!

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