

# the doula experience

inspiring joyous births

**HypnoBirthing®**  
The Mongan Method

## REGISTRATION QUESTIONNAIRE



Every attempt will be made to schedule a class series to meet your specific needs. If group sessions are being organized, schedules will be coordinated to meet the needs of everyone involved, to the best of my ability.

Please return this completed form and registration fee as soon as possible to reserve your sessions. The fee for a series of five private sessions in my Strongsville home is \$450 or \$550 *for five private sessions in your home*. The fee includes your materials (book, two recordings and additional handouts). If group sessions in my home are available and scheduled, the fee for the five-week series will be \$300.00. In the unlikely event that a series must be canceled, the full fee will be returned. If you cancel within two (2) weeks of the first class of a private series, a cancellation and materials fee of \$50 will be retained. If you cancel within two (2) weeks of the first class of a group series, a cancellation and materials fee of \$75 will be retained. Payment can be made by check or money order payable to Sunday Tortelli or by Pay Pal (with a transaction fee) on-line at <http://www.doulaexperience.com/>.

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



**Please indicate your preferences for five sessions:** 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

Indicate unavailable dates: \_\_\_\_\_

### Indicate preferred session arrangements:

- ☐ Group sessions in Strongsville, if available; ☐ Private sessions in Strongsville ☐ Private sessions in my home  
*For private sessions in your home, we need a TV/DVD and a CD player and arrangements must be made for other children and pets to be cared for.*
- 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.

### Please provide the following information:

Mother's Name: \_\_\_\_\_ Phone: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_  
 Partner's Name: \_\_\_\_\_ Phone: (h/w) \_\_\_\_\_ (c) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Mother's Email: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Mother's occupation: \_\_\_\_\_ Partner's occupation: \_\_\_\_\_  
 No. of previous pregnancies: \_\_\_\_\_ No. of previous births: \_\_\_\_\_ No. Vaginal: \_\_\_\_\_ No. Cesarean: \_\_\_\_\_  
 Name(s)/age(s) of child(ren): \_\_\_\_\_  
 Due Date: \_\_\_\_\_ Care provider: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
 Other childbirth preparation classes attended: \_\_\_\_\_ Doula: \_\_\_\_\_  
 General health of this pregnancy: \_\_\_\_\_

Please share insights about yourself that might be helpful, which will remain confidential. Some examples: previous experience with relaxation techniques and/or hypnosis; specific fears or concerns regarding your upcoming birth experience; questions about the course (yours or your partner's); goals you would like to achieve; topics you would like to focus on; or anything else that you feel would be significant. (Continue on reverse, as needed).

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