



## Medical and Personal History for Placenta Encapsulation

Please fill out this medical and personal history and email or mail once completed. This information is used to have an understanding of your current pregnancy and your overall health. It allows me to ensure a safe and effective placenta encapsulation process for you and myself. If I have any questions or concerns about your medical history I will contact you. Please answer all questions to the best of your knowledge.

### **MOTHER:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_ email: \_\_\_\_\_

Occupation \_\_\_\_\_ Religion \_\_\_\_\_

### **PARTNER:**

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

Occupation: \_\_\_\_\_ Religion \_\_\_\_\_

Cell phone \_\_\_\_\_

### **DOCTOR (OB or Midwife):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office address: \_\_\_\_\_

### **HOSPITAL/BIRTH FACILITY:**

Where do you plan to have this birth? \_\_\_\_\_

### **OTHER:**

Due Date: \_\_\_\_\_ Sex of baby: \_\_\_\_\_ Name of baby: \_\_\_\_\_

Tiffany Gallo CPM, LM

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History of any:

Blood disorders? \_\_\_\_\_

Herpes \_\_\_\_\_ / onset date \_\_\_\_\_ / active now? \_\_\_\_\_

HIV \_\_\_\_\_ Chlamydia \_\_\_\_\_ Gonorrhea \_\_\_\_\_ Syphiliis \_\_\_\_\_

Anemia \_\_\_\_\_ Medications for anemia \_\_\_\_\_

To what extent do you drink alcohol? \_\_\_\_\_

Do you smoke cigarettes? \_\_\_\_\_ (if yes, when & how much) \_\_\_\_\_

Does your partner? \_\_\_\_\_ (if yes, when & how much) \_\_\_\_\_

If you used to smoke, when did you quit? \_\_\_\_\_

How much do you usually sleep at night? \_\_\_\_\_

Do you have an opportunity for rest periods or a nap each day? \_\_\_\_\_

Do you sleep well? \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

In general, how have you felt with this pregnancy? \_\_\_\_\_

Do you plan to breastfeed this baby? \_\_\_\_\_

Have you tested positive for Group B Strep? \_\_\_\_\_

Is this pregnancy due to IVF? \_\_\_\_\_

Does your baby have any abnormalities (Trisomy's, Chromosomal Abnormalities)?  
\_\_\_\_\_

If yes to above, please describe. \_\_\_\_\_

# of pregnancies \_\_\_\_\_ # of live births \_\_\_\_\_

- Please take a medium sized soft ice chest for your placenta to be placed in once you deliver.
- Please call 661.505.8370 during daytime hours 9-6pm after your delivery to arrange the pick up or drop off.
- Placentas are not picked up in the nighttime hours
- The Birth Center can accept drops offs most days M-Thursday 10am-4pm or Friday 9:30-2pm.
- Most hospitals have you sign a consent form to remove the placenta from the hospital.

## **Methods of Placenta Encapsulation:**

### **Raw Method**

No additional herbs used, processed and dehydrated 100% naturally. This yields more capsules and I believe yields more nutrients.

### **Traditional Chinese Herbal Steam Method**

This is to ensure the warmth and the proper Chi of the energy of the placenta prior to processing. Your Placenta is steamed with garlic, lemon, onion and a mixture of Chinese Herbs. Your placenta is then dehydrated and encapsulated.

### **Placenta Tincture**

Balance your hormones after your capsules have all been taken. This tincture can be used during emotional imbalances, weaning, and to up lift moods. A walnut size of your placenta will be placed in a high level alcohol to absorb its nutrients and infuse the alcohol. The tincture will be left to absorb the energy of the sun and infuse the alcohol for approximately 6 weeks. A final filtration process will then take place and your tincture will be ready for use. Refrigeration is suggested.

### **Placenta Healing Salve**

There are so many applications for your placenta salve! Apply to your skin and your baby's skin! It will nourish the skin with all the amazing replenishing and healing benefits of the placenta. It can reduce eczema, cradle cap, heal scrapes, heal burns and more! Apply to a healed surgical birth(cesarean birth) and reduce the scaring!

\*\*Depended on the size of our placenta you will receive 60-150 capsules. Directions for dosage will be given to you upon delivery.

Please email this completed form back to [tiffany@purebirths](mailto:tiffany@purebirths). **A non-refundable deposit of \$50 is due to be on call for your placenta encapsulation.**

Deposit can be made to **Venmo** tiffany-gallo or **ZELLE** 818.606.8076. The remaining balance can be made to **Venmo** tiffany-gallo or **ZELLE** 818.606.8076. We do not accept credit cards. The balance is due **prior** to processing your placenta for encapsulation.

If for some unforeseen reason you are not able to have your placenta released and encapsulated, **the remaining balance is not due**. The **deposit is non-refundable** and is used to process paperwork, review medical forms, purchase supplies needed, and on call time awaiting the placenta to be ready for pick up.

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**Please choose your package:**

\_\_\_\$275 Raw Method for a singleton Placenta Encapsulation

\_\_\_\$300 Chinese Steam Method with Herbs

\_\_\_\$350 for Twins Placentas

\_\_\_\$85 Tincture (up to 6 weeks to process & deliver, delivery included in fee)

\_\_\_\$85 Placenta Healing Salve

\_\_\_\$35 travel fee to pick placenta up at Henry Mayo or within SCV

\_\_\_ \$Total Due

\*\*Patient is responsible to pick up capsules. I will inform you once they are ready.

\*\* Processed by a Licensed Midwife

Release of Claims:

Despite a long history of safe use, these statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, cure, or prevent any disease. Consult with your healthcare provider if you experience any unusual symptoms. Placental services are not clinical, pharmaceutical, or intended to diagnose or treat any condition. Women and their families who choose to utilize the services take full responsibility for their health and use these remedies at their own risk. Pure Births Inc. is not liable for any medical claims in regard to the safety or use of placenta vitamins or tinctures. By signing this binding contract, I release Tiffany Gallo & Pure Births from all liability.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tiffany Gallo LM, CPM