

Darlene K. Bergener, LMT, CPMT, E-RYT500, RPYT, CD(DONA)
Massage and Myofascial Release Therapy (MFR) Client Information Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (eve) _____

E-mail: _____ Date of Birth: _____

Occupation: _____ Under a lot of stress? _____

Emergency Contact (Name, Relationship, Number) _____

How did you hear about me? _____

May leave a message if I need to call you about a scheduled appointment? Yes _____ No _____

MESSAGE INFORMATION:

All information gathered here is completely confidential. As massage may be contraindicated for some specific medical conditions and symptoms, please answer questions as thoroughly as possible.

What is your previous massage/MFR experience? _____

What are your goals for your massage today? Pain Relief _____ Relaxation _____ Maintenance _____

Other: _____

Are there any particular areas you would like to concentrate? (Areas of tension, injury, etc)

Is there any area you would specifically like me to avoid? (Face, scalp, feet, fracture, etc?)

Have you had any recent, or previous, accidents or injuries? (use back or additional paper if needed)

What surgeries have you had and when? _____

Contact Lenses? _____ Rashes/ Athletes Foot? _____ Blood Clots? _____ Varicose Veins? _____

Allergies (i.e. oils, nuts, fragrances, etc)? _____

Are you currently under the care of a physician? Please explain.

List current medications, supplements or over the counter drugs (ex. Aspirin) and their purpose:

Is there a chance you could be pregnant? _____ If yes, how far along? _____

Any other health conditions or concerns I should know about? _____

Are you interested in hearing about stress relief techniques, meditation or yoga options? _____

Over ----->

Darlene K. Bergener, LMT, CPMT, E-RYT500, RPYT, CD(DONA)

Massage and Myofascial Release Therapy Policies

Payment: Full payment (Cash, Check, PayPal or Credit) is expected at the time of service and 24 hrs of notice is requested for all cancellations. As your scheduled time has been reserved exclusively for you, you may be charged 75% of the full session fee for any missed appointments.

Late Arrivals: I regret that late arrivals may not be able to receive the fully scheduled service time, but will be responsible for the full service fee. Please call if you know you are going to be late.

Returned Check Policy: \$35 will be added to bill as a returned check fee.

Terminate Session: There is a zero-tolerance policy for inappropriate or sexual advances and either Darlene Bergener or the client reserves the right to terminate the session at any time if deemed necessary.

Confidentiality: I will respect and maintain the privacy and confidentiality of the client. I will disclose the client's record and/or information about client sessions only with the client's consent or as required by law. I will properly safeguard confidential client information, including during storage and disposal of records.

Proper Dress: For myofascial release therapy it is beneficial to wear athletic shorts or shorts with elastic waistband and for women, a sports bra or tank top or 2 piece bathing suit. This allows patients to comfortably change positions for optimal treatment without concern of exposure. Appropriate draping with sheet may also be used as needed.

Lotion:

Please also refrain from using lotion on your arms or legs the morning of your appointment as it is important to not slide on the skin for proper myofascial release therapy.

I understand that the massage and myofascial release therapy I receive is provided for the basic purpose of balancing the body, relaxation and the relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that pressure/stroke may be adjusted to my level of comfort. I further understand that treatment should not be construed as a substitute for medical or chiropractic examination, diagnosis or treatment. Because massage and myofascial release therapy should not be performed under certain medical conditions, I affirm that I have stated all of my known conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical or health status.

I have read and understand the policies as written above. I assume all legal responsibility for my health and well being. I release Darlene Bergener, LMT, CPMT, E-RYT500, RPYT, CD(DONA) from any and all present and future responsibility.

Client Signature: _____ Date: _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature: _____ Date: _____