

**Darlene K. Bergener, LMT, CPMT, E-RYT500, RPYT, CD(DONA)**  
**Pre & Postnatal Massage Client Information Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor/Midwife \_\_\_\_\_ Occupation \_\_\_\_\_

Is it okay for me to leave a message if I need to call you about an appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact (Name, Relationship, Number) \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

**MASSAGE 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.**

Currently Pregnant? How far along (wks)? \_\_\_\_\_ Due Date \_\_\_\_\_

Already Delivered? How long ago? \_\_\_\_\_ Vaginal or C-Sec \_\_\_\_\_

Previous Children? How Many? Ages? C-Sec or Vaginal? \_\_\_\_\_

Currently experiencing or had complications during pregnancy or birth? \_\_\_\_\_

Are you or were you on bed rest? How long? \_\_\_\_\_

Previous/Threatened Miscarriage \_\_\_\_\_ Placental Dysfunctions \_\_\_\_\_ IUGR \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

GEPH (pre-eclampsia) \_\_\_\_\_ Eclampsia (toxemia) \_\_\_\_\_ Gestational Diabetes \_\_\_\_\_ Early Labor \_\_\_\_\_

Heart Disease (3rd trimester) \_\_\_\_\_ Kidney/Bladder Disease \_\_\_\_\_ Any infectious disease \_\_\_\_\_ Cancer \_\_\_\_\_

Rashes/Athletes Foot \_\_\_\_\_ Blood Clots/Deep Vein Thrombosis \_\_\_\_\_ Varicose Veins \_\_\_\_\_

Twins/Multiples \_\_\_\_\_ Cardiac/Pulmonary/Liver Disorders \_\_\_\_\_ Allergies (oils, fragrances, etc) \_\_\_\_\_

Have you had a professional pregnancy massage before? \_\_\_\_\_

What are your primary goals for your massage today? Relaxation / Pain Relief / Maintenance /Labor

What areas would you like to focus on today? \_\_\_\_\_

Is there any area you would specifically like me to avoid? \_\_\_\_\_

What previous or recent accidents, injuries, or surgeries have you had? How long ago?

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

Any other health conditions or concerns you would like me to know about?

Are you interested in hearing about prenatal yoga classes or workshops to prepare for labor? \_\_\_\_\_

Over ---->

# Darlene K. Bergener, E-RYT500, RPYT, LMT

## Massage Policies

**Appointments:** Appointment times have been reserved exclusively for you and 24 hrs of notice is requested for all cancellations. Full payment is expected at the time of service and you may be charged up to 75% of the full fee for missed appointments.

**Late Arrivals:** I regret late arrivals may not be able to receive an extension of scheduled service times and 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 returned checks.

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

**Confidentiality:** My policy is to respect and maintain the privacy and confidentiality of the client; to disclose the client's record or information about the client only with the client's consent or as required by law; and to adequately safeguard confidential client information, including storage and disposal of records.

I understand that the massage I receive is provided for the basic purpose of 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 massage should not be construed as a substitute for medical or chiropractic examination, diagnosis or treatment. Because massage 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, RYT, LMT from any and all present and future responsibility.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_