

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? _____

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.

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: _____