Postpartum Client Intake Form

Name:_____DOB:____/____/_____

Address:_____City:_____

State: _____ Zip: _____ Phone: _____

Email: _____ Occupation: _____

Doctor name and contact: _____

_____

When did you give birth? _____ Child's Name_____

What kind of birth did you have? (Please check one:)

Assisted Home birth _____Unassisted home birth_____ Alternative Birth Center_____

Hospital birth (natural)_____Hospital Birth (Medicated) _____Planned C Section _____

Emergency Cesarean Section_____ Other:_____

Any complications your therapist should know about? Y_____ N _____ If yes, please describe: _____

_____

Are you currently taking any medications? Y_____ N _____ If yes, please list name and reason: _____

Please list any pain, discomfort, or other concerns you would like addressed during your session:_____

_____

Have you recently (within the last 2 years) experienced discomfort having to do with any of the following? Please put a ✔ next to those that apply:

Muscular/Skeletal	Sprains/Strains	Broken bones	Tendonitis
Arthritis	Gout	Jaw Pain	Lupus
High/Low Blood Pressure	Lymphedema	Thrombosis/Embolism	Asthma
Emphysema	Sinus Problems	Nervous	Shingles
Pinched Nerve	Numbness/Tingling	Rashes	Athletes Foot
Herpes/ cold sores	Eczema	Warts	Cuts/Bruises ❑
Irritable Bowel Syndrome	Digestive	Ulcers	Cancer/tumors
Bladder/kidney problems	Diabetes	Chronic fatigue	Drug/Alcohol/ Caffeine/Tobacco use
Chronic pain	Sleep Disorders	Migraines/Headaches	Anxiety
Blood Clots	Respiratory	Phlebitis	Varicose Veins

I understand that massage therapy is strictly therapeutic and therefore strictly non-sexual.

I understand that if I behave inappropriately during the session, the massage therapist has the right to end the massage, and I will be charged the full amount for the appointment.

I understand that while therapeutic, massage is not a replacement for medical care, diagnosis or treatment.

I agree to give 24 hours notice if I need to cancel an appointment. If I will be late, I agree to call and my therapist in advance of arrival time. Otherwise I will be charged a no-show fee.

I have answered each of these questions to the best of my knowledge.

Signature:_____ Date: _____