



Massage intake form

Today's date _____

Mother's name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ How you heard about us: _____

Most of my day is spent: Standing Sitting with/Computer Other: _____

Exercise? Y or N What kind: _____ How often: _____ per week

Emergency Contact: _____ Phone: _____

OB/GYN: _____ Phone: _____

Estimated Due Date: _____ Induction Date: _____

Planned C-Section Date: _____

I am _____(number) weeks pregnant in my _____ trimester.

Have you ever received a professional massage before? _____ How recently? _____

List any medications you are currently taking an for what condition: _____

Have you had any serious or chronic illness, operations, or traumatic accident, surgeries or injuries

that I should know about? _____

Are you allergic to any oils? Which ones? _____



Stork & Sprout
P.O. Box 1657 Burlingame, CA 94011
Phone 650-227-3223

I am experiencing a **low risk / high risk** (circle one) pregnancy according to my doctor/midwife. If I am currently having or develop complications I will discuss the condition with my massage therapist, and I will have a medical release for massage signed by my prenatal care provider before continuing massage.

I understand that massage is a health aid and does not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide you with the best health care services.

Consent for treatment:

If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or stroke maybe adjusted to my level of comfort. Because bodywork/massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical condition and answered all questions honestly. I agreed to keep the practitioner updated as to any changes in my medical profile and I understand that there shall be no liability on the practitioners' part should I fail to do so. I also understand that any elicited or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment of the scheduled appointment.

Cancellation policy: I understand that unanticipated events happen occasionally in everyone's life; in order to be fair to all clients, **24-hour advance notice is required** when canceling an appointment. This allows our other clients the opportunity to schedule an appointment in your place. If you are fail to make an appointment without giving 24-hour advance notice, you will be charged the full amount of your appointment.

Understanding all of this, I agree and give my consent to receive care:

Client Signature: _____ Date: _____