

Monica Faux-Kota Client Intake Form - Fertility Massage

Name: _____ Phone: _____

Address: _____

Email: _____ Referred by: _____

Date of first massage appointment: _____

No. of pregnancies: _____ Any Miscarriages: _____

Number of births: _____

Are you seeing a fertility specialist? Yes No

Who? _____

Have you ever experienced a therapeutic massage before? Yes No

How long have you been actively trying to conceive? _____

Are you currently taking any medications including herbal? Yes No

If YES, what are they? _____

Do you currently have any areas of discomfort? Yes No

If YES, what are they? _____

Do you have any past injuries or surgeries that I should know about? Yes No

What is your current occupation? _____

Are you seeking out and are open to other alternative therapies? This would include herbal medicine, acupuncture and chiropractic? _____

Is your partner open to receiving therapeutic massage? Yes No

Would you both be interested in an instructional session to give you tools for working on each other?
Yes No

Please list any parts of your body that you do not want massaged: _____

NOTES:

Monica Faux-Kota Client Intake Form - Fertility Massage

Date of Last Menstruation: _____

*If actively trying to conceive, appointments need to be between menses and ovulation.
No massage upon ovulation until menstruation.*

Are your cycles regular? Yes No

Do you know when you ovulate? Yes No

How is your diet and partner's diet? Have you consulted a nutritionist or herbalist, acupuncturist about your diet? _____

What do you think is inhibiting conception? _____

Hormones Congestion Timing Age Diet Lifestyle

NOTES: _____

Disclaimer: We do not treat or prescribe within the context of our massage therapy session.

Massage Therapy can trigger emotional releases that are associated with all forms of emotional, physical, mental, social and spiritual life experiences. It is very normal to feel sensitive and emotional during and after a massage. I have training in working with survivors of abuse. If you feel there is something I should know about your story so that I can better support you please let me know.

Please know that you are welcome to discuss any of your concerns with me.

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____