BELLY-WOMB MASSAGE INTAKE

Name_____**Date**_____

Address_____

Phone_____ Do you receive text on this phone?_____

EMAIL _____ Date of Birth_____

[___] Please send occasional emails about massage specials

How did you hear about Leslie? _____

Emergency Contact: Name_____Phone_____

What is your primary complaint today?_____

How long has this been an issue? _____

What is your treatment goal for today?_____

Please check (√) current problems. Mark with (+) if you had in the past:

___Allergies
___Type of birth control used_____
___IUD or other birth control physically in place
___Could you be Pregnant?
___Given Birth
___# of pregnancies_____
___Previous cesarean birth
___Ectopic Pregnancy
___Menstrual Difficulties (cramps/clots/irregular cycle)
Last menstrual Period ended_____
___Difficulty getting pregnant
___IVF currently?
___Endometriosis/Polycystic Ovarian Syndrome
___Uterine Fibroids/polyps
___Pelvic Organ Prolapse
___Pelvic Pain

___Ovarian Cysts
___Bladder or Bowel Incontinence
___Bladder or kidney infection
___Separated Abdominal Muscles (Diastasis Recti)
___Any Surgery including Tubal Ligation_____
___Varicose veins
___Blood Clot
___Back Surgery or injury
___Low back or hip pain
___Disc Issues
___Sciatica
___Broken bones
___Scoliosis
___Fibromyalgia
___Constipation
___Diarrhea
___IBS/Crohn's/Celiac/SIBO
___GERD/Heartburn

___Ulcers
___Cancer
___Insomnia
___Gall Stones/Kidney stones
___Diabetes
___Kidney Disease
___Liver Disease
___Dizziness
___Headaches/"Brain Fog"
___Seizures
___Car or other major Accident

___Sensitivity to oils/lotion
___Asthma
___High Blood Pressure
___Aneurysm
*(Medications?)*_____
OTHER_____
_____

It is my choice to receive massage therapy. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments, and acknowledge that massage is not a substitute for medical care, exam, or diagnosis. I have stated all conditions that I am aware of and will inform my practitioner of any changes in my health status.

Recognizing Leslie's time to prepare for a session, I will contact Leslie to pay for any missed session if I do not give at least 24-hour notice of cancellation.

SIGNATURE_____