

**Mother Earth Massage**

**Laura Morledge**

**(406) 794-9519**

Client Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ How did you learn about me? \_\_\_\_\_

Most of my day is spent: Standing Sitting with/Computer, other: \_\_\_\_\_

Exercise? Y or N, What Kinds \_\_\_\_\_ How often \_\_\_\_\_ per week

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Are you pregnant? Yes or No

Have you ever received a professional massage before? \_\_\_\_\_ How recently? \_\_\_\_\_

Preferred Pressure: Light Med Firm

What are your goals/expected outcomes for this massage? \_\_\_\_\_

Do these symptoms (stress, pain, stiffness, tingling/numbness in fingers or hands, swelling) interfere with your activities of daily living? No or Yes (please circle)

List any medications you are currently taking and for what condition \_\_\_\_\_

Have you had any serious or chronic illness, operations, or traumatic accidents, surgeries, or injuries that I should know about? Please list:

Are you allergic to any oils? Which ones \_\_\_\_\_

**I am also trained in the Arvigo techniques of Maya Abdominal Massage.**

**Women, please read:** You should have no PMS and a normal menstrual period should last between 3-5 days. At the onset of your menses, mild cramping should only last between thirty minutes and one hour. Your blood flow should start, continue and end with red blood, no brown blood at beginning or end.

Does this describe your menstrual cycle? Y or N

**Women, do you have any:**

Displaced or prolapsed uterus and or bladder?	Y or N
Painful menstrual cycles and/or ovulation?	Y or N
Irregular menstrual cycle and/or ovulation?	Y or N
Bladder or yeast infections?	Y or N
Frequent Urination?	Y or N
Urinary or fecal incontinence?	Y or N
Miscarriages, difficult pregnancies?	Y or N
Fertility problems?	Y or N
Endometriosis?	Y or N
Peri menopause, menopausal symptoms?	Y or N
PMS/Depression with menstruation?	Y or N
Ovarian cysts?	Y or N
Uterine fibroids?	Y or N
Abnormal uterine bleeding?	Y or N
Enhances Pregnancy, aids in labor and birthing?	Y or N
Pelvic congestion, pain?	Y or N

**Men and Women, do you have any:**

Headaches/migraines?	Y or N
Digestive disorders?	Y or N
Low energy?	Y or N
Irritable Bowel Syndrome (IBS)?	Y or N
Gastro Esophageal Reflux (GERD)?	Y or N
Crohn's Disease?	Y or N
Chronic constipation?	Y or N
Low back ache?	Y or N
Chronic indigestion or heartburn?	Y or N
Gastritis?	Y or N
Restricted breathing due to tension?	Y or N

**Men do you have any:**

Bladder or yeast infections?	Y or N
Frequent Urination or Incontinence?	Y or N
Early stages of prostate swelling?	Y or N
Benign Prostatic Hyperplasia (BPH)?	Y or N
Prostatitis (mild)?	Y or N

### **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 may be 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 conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. Any information exchanged during a massage session is confidential and is only used to provide you with the best health care services. I also understand that any illicit 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 my desire to be effective and fair to all clients, the following policies are honored:

**24 hour advance notice is required** when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give a 24 hours advance notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

### **No-shows**

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment.

### **Late Arrivals**

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the "full" session**. Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.

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

Client Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature (in case of minor): \_\_\_\_\_  
Date: \_\_\_\_\_