Postnatal Massage Intake Form

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long ago did you deliver? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check off any of the following that pertain to you:

\_\_Heartburn \_\_ Insomnia

\_\_Carpal Tunnel \_\_Anxiety

\_\_Indigestion \_\_Bladder or Kidney infection

\_\_ Sacral Pain \_\_ Mastitis

\_\_ Tail Bone Pain \_\_Varicose veins

\_\_Constipation \_\_Swollen feet&/or ankles

\_\_Diastasis Recti \_\_ Sensitive/engorged Breast

\_\_High blood pressure \_\_Phlebitis

\_\_\_Numbness in Body \_\_\_Sciatic Pain

List any physical disabilities, ailments, allergies, etc. that are not mentioned above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My goal for this massage is to:

\_\_\_\_\_ Relax \_\_\_\_Relieve Pain

Which do you prefer? Are you more comfortable lying on your side or on your stomach?

\_\_\_\_\_\_\_\_Side lying \_\_\_\_\_\_\_\_\_Face down (on stomach)

Are you belly binding? \_\_\_Yes \_\_\_\_No

Would you like to learn more about this service? \_\_\_\_Yes \_\_\_\_\_No

Please circle the areas you would like use to focus on:



What areas would you like us to avoid, if any? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it ok to massage your scalp? \_\_\_\_Yes \_\_\_\_\_ No

Do you like light, medium or firm pressure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the massage therapist does not diagnose illness, and, as such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. I am aware that this massage is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I might have. I understand and agree that I am receiving massage therapy entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I HEREBY HOLD HARMLESS AND INDEMNIFY the therapist, their principals, and agents from all claims and liability whatsoever.

I have my doctor’s approval to receive massage. I herby give permission to Joanna Yanez LMT, Joanna Yanez Jr, and or Xochitl Codina to apply massage.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_