

Darlene K. Bergener, LMT, CPMT, E-RYT500, RPYT, CD(DONA)  
Massage and Myofascial Release Therapy (MFR) Client Information Form

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Female/ Male/ Other Pronouns \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Under a lot of stress? \_\_\_\_\_

Emergency Contact (Name, Relationship, Number) \_\_\_\_\_

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

May leave a message if I need to call you about a scheduled appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

**MASSAGE INFORMATION:**

**All information gathered here is completely confidential. As massage may be contraindicated for some specific medical conditions and symptoms, please answer questions as thoroughly as possible.**

What are your goals for your massage today? Pain Relief \_\_\_\_\_ Relaxation \_\_\_\_\_ Maintenance \_\_\_\_\_

Other: \_\_\_\_\_

What areas would you like to focus on today? (Areas of tension, injury, etc)

Is there any area you would specifically like me to avoid? (Face, scalp, feet, fracture, etc?)

Have you had any recent, or previous, accidents or injuries? (use back or additional paper if needed)

What surgeries have you had & when? \_\_\_\_\_

Headaches/Migraines \_\_\_\_\_ Joint Pain \_\_\_\_\_ Arthritis/Osteoporosis \_\_\_\_\_ Neck/Spine Injury \_\_\_\_\_

Fatigue \_\_\_\_\_ Chronic Pain \_\_\_\_\_ Cold/Flu/Fever \_\_\_\_\_ Heart/Kidney Issues \_\_\_\_\_ Allergies \_\_\_\_\_

Depression \_\_\_\_\_ Rashes/ Athletes Foot \_\_\_\_\_ Varicose Veins \_\_\_\_\_ Pregnancy \_\_\_\_\_ Sciatica \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ TMJ/Jaw Pain \_\_\_\_\_ Diabetes \_\_\_\_\_ Blood Clots \_\_\_\_\_ Asthma \_\_\_\_\_

Epilepsy \_\_\_\_\_ Skin Disorders \_\_\_\_\_ Cancer \_\_\_\_\_ Numbness \_\_\_\_\_ Digestive Issues \_\_\_\_\_

Are you currently under the care of a physician? Please explain.

List current medications, supplements or over the counter drugs (ex. Aspirin) and their purpose:

Any other health conditions or concerns I should know about? \_\_\_\_\_

Interested in hearing about stress relief, self treatment, meditation, or yoga options? Y N

Like to be added to my email newsletter for health tips, mindset, yoga links, discounts, etc? Y N

Over ----->

## Massage & Myofascial Release Therapy (MFR) Policies

**Proper Dress:** It is beneficial to wear athletic shorts or shorts with elastic waistband & for women, a sports bra, tank top or 2-piece bathing suit. This allows access to areas requiring treatment & ability change positions as needed without concern of exposure. Draping with sheet will/can also be used.

**Lotion:** Please refrain from using lotion on your arms or legs the morning of your appointment as it might be important to not slide on the skin for proper myofascial release therapy at the beginning of session depending on need. Massage lotion may be used as session progresses for optimal treatment benefit.

**Session Fee:** 60min sessions \$110. 90min sessions: \$150. For complicated medical conditions, you can request, as time allows, a longer 75min first session for \$130 to allow more time for assessment/treatment.

**Payment:** Full payment is expected at the time of service. Currently accept CASH, Australia PayID to [dbergener@gmail.com](mailto:dbergener@gmail.com), or US PayPal to paypal.me/DarleneBergener Health funds not accepted at this time.

**Cancellations:** 24 hrs of notice is requested for all cancellations. As your scheduled time has been reserved exclusively for you, you may be charged up to 50% of the full session fee for any missed appointments.

**Late Arrivals:** I regret that if we need to start late, you may not be able to receive the fully scheduled service time, but you will be responsible for the full service fee. Please text me at 410-441-0947 US/ 0434641585 Aus if you know you are going to be delayed arriving for your appointment.

**Confidentiality:** I will respect and maintain the privacy and confidentiality of my client. I will disclose the client's record and/or information about client sessions only with the client's consent or as required by law. I will properly safeguard confidential client information, including storage and disposal of records.

**I understand that the treatment I receive is for the basic purpose of balancing the body, relaxation and the relief of muscular tension. If I experience any pain or discomfort during the session, I will immediately inform Darlene so that pressure/stroke may be adjusted to my level of comfort for the given treatment.**

**I further understand that treatment should not be construed as a substitute for medical examination, diagnosis, or treatment. Because massage and MFR should not be performed under certain medical conditions, I affirm that I have stated all of my known health conditions & answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical, health or pregnancy status.**

**Darlene has developed a wealth of knowledge in various pathways to health. To further support your health, she may suggest stretches, strengthening exercises, breath practices, mindfulness or meditation options, mindset shifts, self-treatment practices, additional massage or MFR techniques, nutritional or diet considerations, or options for optimizing cellular health as appropriate for your unique health challenges and goals. They are simply options & you're always welcome to ask questions, try them, consult your healthcare provider about any suggestions, and decide which path is right for you.**

**I have read and understand the policies as written above. I assume all legal responsibility for my health and well-being. I release Darlene Bergener, LMT, CPMT, E-RYT500, RPYT, CD(DONA) from any and all present and future liability.**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature: \_\_\_\_\_