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?)
_____

Headaches/Migraines_____ Joint Pain_____ Arthritis/Osteoporosis_____ Neck/Spine Injury_____
Chronic Pain_____ Heart/Kidney Issues_____ Allergies_____ Depression_____ Anxiety_____
Rashes/ Athletes Foot_____ Varicose Veins_____ Pregnancy_____ Sciatica_____ Whiplash_____
High Blood Pressure_____ TMJ/Jaw Pain_____ Diabetes_____ Blood Clots_____ Asthma_____
Epilepsy____ Skin Disorders_____ Cancer____ Numbness_____ Digestive Issues____ Constipation____
Body Fatigue _____ Mental Fatigue/Brain Fog____ Eye Strain____ Carpal Tunnel_____

Have you had any recent, or previous, accidents or injuries? (use back or additional paper if needed)
_____
What surgeries have you had & when? _____

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___
Open to learn about cell activation for health & longevity, reduced pain, 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 for assessment, access to areas requiring treatment & ability to change positions as needed without concern of exposure. Draping with sheet on the massage table will 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: As of January 2026, 75min intro sessions are $150 AUD, including medical & health history, full assessment & treatment. Follow-on session can be booked as 60mins for $130AUD or 90min sessions for $170 AUD.

Payment: Full payment expected at time of service**. Note: Health funds are not accepted at this time** Currently accept CASH, Australia PayID to darlene@bergenerhealth.com or bank transfer: Account Name: Darlene Karen Bergener BSB 012997 Account 333620443. US clients can use US PayPal via paypal.me/DarleneBergener

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 0434641585 Aus /410-441-0947 US 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 massage and MFR treatment should not be construed as a substitute for medical examination & diagnosis. 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 and skill 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: _____