

# FERTILITY MESSAGE DISCLOSURE

Massage therapy can be a safe, drug free method to release muscle tension and emotional stress. I understand that a massage therapist is not a medical doctor and that massage therapy does not replace gynecological care.

I understand that receiving Fertility Massage will not guarantee a pregnancy.

I have had the opportunity to ask the massage practitioner any questions I may have about Fertility massage, and I have discussed this with my physician or other health care provider. I affirm that I do not have any medical conditions except as listed here: (list any symptoms from other conditions relevant to receiving fertility massage, or write "none")

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\*If I have listed any conditions above, or if I suspect that I develop any new symptoms, I will promptly notify the massage therapist and will obtain a written release from my health care provider before seeking further massage. I consent to allowing the massage practitioner to contact my primary care provider regarding my condition.

By placing my signature on this form, I permanently release Crystal Swanson, Active Peace Therapeutic Bodywork, LLC, their insurers, heirs or assigns, from all liability to me that may arise as a result of my receiving fertility massage therapy at this time. I agree to defend and hold harmless Crystal Swanson and Active Peace Therapeutic Bodywork, LLC from any claims that may arise as a result of my receiving fertility massage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_

# FERTILITY MESSAGE INTAKE

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

Please circle correct answer:

Have you ever been pregnant? Yes No Have you ever had a miscarriage? Yes No

Have you ever given birth? Yes No Number of children: \_\_\_\_\_

Are you seeing a fertility specialist and/or OB/GYN? Yes No

Type: \_\_\_\_\_

How long have you been trying to conceive? \_\_\_\_\_

Has your partner's sperm count, quality, and mobility been checked? Yes No

If yes, what were the results? \_\_\_\_\_

Are you taking any FERTILITY medications? Yes No

If yes, please list: \_\_\_\_\_

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

Are you currently taking any herbs, supplements, or homeopathic remedies? Yes No

If yes, please list: \_\_\_\_\_

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

Are you currently receiving any other therapies, alternative or medical? Yes No

If yes, please list: \_\_\_\_\_

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

Any past REPRODUCTIVE/ABDOMINAL injuries or surgeries? Yes No

If yes, please list: \_\_\_\_\_

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

Do you exercise regularly? Yes No

# FERTILITY MESSAGE INTAKE

What is your occupation? \_\_\_\_\_

What is your partner's occupation? \_\_\_\_\_

Is your partner supportive of pursuing fertility massage sessions?    Yes    No    Maybe

Date of last menstruation: \_\_\_\_\_

Are your cycles regular?    Yes    No    If so, how many days is a typical cycle? \_\_\_\_\_

Do you know when you ovulate?    Yes    No

What ovulation checks do you use? (circle all that apply)

Cervical fluid      Basal body temp      Urine ovulation test kit      Other: \_\_\_\_\_

What do you think is inhibiting your fertility? (circle all that apply)

Hormones    Timing      Age    Diet    Lifestyle      Endometriosis      PCOS

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

Specifically, what are your hopes and/or expectations regarding fertility massage, herbs, and any other alternative therapies we have to offer? (I filled in the first one for you!)

***To ovulate, conceive, carry, and give birth to a healthy baby.***

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Therapist's Notes:

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