

**Free Spirit Massage & Doula Services, LLC**  
**205-A Old Perry Road, Bonaire, GA 31005**  
**(478) 365-7857**

**Post-Partum Massage Intake Form - CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
EC Phone: (\_\_\_\_\_) \_\_\_\_\_  
Delivery Date: \_\_\_\_\_ Number of Births: \_\_\_\_\_

**Massage Experience**

How did you hear about Free Spirit Massage & Doula Services, LLC? \_\_\_\_\_  
Have you ever had a professional massage before? (circle) Y / N  
Did you receive a pregnancy massage? Y / N  
What type of massage? (Examples: Swedish, Deep Tissue, etc.) \_\_\_\_\_  
Have you ever been denied a massage treatment? (circle) Y / N If yes, why? \_\_\_\_\_  
What is your goal for today? \_\_\_\_\_  
What type of pressure do you like? (circle) Light / Medium / Firm / Deep  
Are you uncomfortable with any of the following areas to be massaged? (circle)  
Gluteal Region ( Y / N ) Pectoral Region ( Y / N ) Face/Scalp ( Y / N ) Feet ( Y / N )

**Health History**

Did you experience any complications with your delivery? (please circle) Y / N  
If yes, explain: \_\_\_\_\_  
When do you plan to return to your former occupation? \_\_\_\_\_  
What kind of birth did you have? \_\_\_\_\_ Assisted Home birth \_\_\_\_\_ Unassisted home birth  
\_\_\_\_\_ Alternative Birth Center \_\_\_\_\_ Hospital birth (natural) \_\_\_\_\_ Hospital Birth (Medicated)  
\_\_\_\_\_ Planned Cesarean Birth \_\_\_\_\_ Non-Emergent Unplanned Cesarean Birth  
\_\_\_\_\_ Emergency Cesarean Birth Other: \_\_\_\_\_

Please list any pain, discomforts, or other needs that you would like to have addressed during your session that you have experienced since your pregnancy, labor, or afterward: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications or supplements you are currently taking and explain: \_\_\_\_\_

Please list any injuries/accidents/illnesses still affecting you: \_\_\_\_\_

Please list any surgeries and explain: \_\_\_\_\_

Please check any current or pre-existing conditions:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD                          | <input type="checkbox"/> Allergies (lotions/oils)  | <input type="checkbox"/> Alzheimer's Disease |
| <input type="checkbox"/> Anxiety Disorder                  | <input type="checkbox"/> Arthritis                 | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Blood Clot/DVT/Phlebitis/Embolism | <input type="checkbox"/> Broken or Fractured Bones | <input type="checkbox"/> Bursitis            |
| <input type="checkbox"/> Cancer                            | <input type="checkbox"/> Carpal Tunnel Syndrome    | <input type="checkbox"/> Cerebral Palsy      |
| <input type="checkbox"/> Chronic Fatigue Syndrome          | <input type="checkbox"/> Contagious Condition      | <input type="checkbox"/> Crohn's Disease     |
| <input type="checkbox"/> Depression                        | <input type="checkbox"/> Diabetes/Type I/Type II   | <input type="checkbox"/> Eczema              |
| <input type="checkbox"/> Epilepsy                          | <input type="checkbox"/> Epstein Barr              | <input type="checkbox"/> Fibromyalgia        |
| <input type="checkbox"/> General Fatigue                   | <input type="checkbox"/> Gout                      | <input type="checkbox"/> Headaches           |
| <input type="checkbox"/> Hearing Impairment                | <input type="checkbox"/> Heart condition           | <input type="checkbox"/> Herpes/Shingles     |
| <input type="checkbox"/> High/Low Blood Pressure           | <input type="checkbox"/> High/Low Cholesterol      | <input type="checkbox"/> HIV/AIDS            |
| <input type="checkbox"/> Infection                         | <input type="checkbox"/> Lupus                     | <input type="checkbox"/> Lymphedema          |
| <input type="checkbox"/> Multiple Sclerosis                | <input type="checkbox"/> Muscular Dystrophy        | <input type="checkbox"/> Numbness/Tingling   |
| <input type="checkbox"/> Parkinson's Disease               | <input type="checkbox"/> Varicose Veins            | <input type="checkbox"/> Psoriasis           |
| <input type="checkbox"/> Rash                              | <input type="checkbox"/> Sciatica                  | <input type="checkbox"/> Scoliosis           |
| <input type="checkbox"/> Seizure                           | <input type="checkbox"/> Sleeping Problems         | <input type="checkbox"/> Spasms/Cramping     |
| <input type="checkbox"/> Strain/Sprain                     | <input type="checkbox"/> Stroke                    | <input type="checkbox"/> Tendonitis          |
| <input type="checkbox"/> Thyroid Issues                    |  | <input type="checkbox"/> Visually Impaired   |

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

### **Benefits and Contraindications**

Massage therapy during pregnancy or postpartum is not intended to replace prenatal or postpartum care. Used as an adjunctive therapy, its potential benefits include:

- To ease sore spots and relax muscle tension. The whole process of childbirth has been a strain on your body, particularly your abdomen, lower back and hips. Your upper back might also be sore if you are breastfeeding and not using a suitable position.
- Increase the flow of blood and oxygen to your muscles, getting rid of the toxins.
- You feel relaxed. Massage encourages the body to release endorphins - the natural pain killers and feel good hormones secreted by the brain.
- Your body to release oxytocin. Oxytocin triggers the letdown reflex which releases milk from your breast. This means that you might leak breastmilk during your massage so keep your breastfeeding bra on with some breast pads in. A breast massage will help open blocked ducts, loosen clumps or hardened areas, and reduce the risk of mastitis. Vigorous massage on the breasts can do more damage than good however so ensure that only soft and gentle strokes are applied to your breasts.
- Speed up recovery from a caesarean section if you've had one. Although you need to stay clear of your wound as long as it hasn't healed, gentle massage to the area thereafter will increase blood supply and help with internal healing.
- Improve well-being and immunity by stimulating lymph flow.
- You cope with the baby blues and postnatal depression. Some experts say that a massage is an excellent stress buster and mood elevator.

## **Release Form**

I have completed the massage intake form and all information is true and correct.

I understand that draping will be used during this session - only the area being worked on will be uncovered.

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. By signing this, I agree that I have answered all questions to the best of my knowledge and that I will inform the therapist of any changes in my condition or medication. If I experience any pain/discomfort or would like the pressure adjusted, I will inform the therapist immediately.

I understand that a massage therapist cannot diagnosis any illness, disease, or any physical or mental disorders nor can the therapist prescribe any medication and that nothing said in a session should be construed as such. I understand that massage therapy is intended to work in conjunction with my health care, not act as a substitute for medical examination. I understand that it is my responsibility to consult a physician for any ailments I may have.

I agree that I am of legal age (18 years old) and that if I am not, I agree to have my parent or guardian sign a parental/guardian release form before treatment. In addition to the information contained in the massage intake form, I have made the massage therapist aware of any other conditions or concerns I may have. Failure to make such disclosure may result in harm or injury.

I understand that certain conditions or medications may contraindicate (not permit) massage or may require the use of alternate techniques or pressure. I respect the decision of the massage therapist and am fully prepared to reschedule the massage for a later date if requested by the massage therapist. I also understand that massage may be advisable by my physician, but not by a massage therapist. In that event, I agree to provide a written agreement from my physician before proceeding with treatment.

In consideration of Courtney Coley, LMT at Free Spirit Massage & Doula Services, LLC providing this special accommodation, the undersigned, in addition to paying the stated fee, agrees that the undersigned releases and shall hold Courtney Coley, LMT at Free Spirit Massage & Doula Services, LLC, its agents, employees, owners and officers harmless from any claims for injury or damage arising from either the performance or nonperformance of some part of the procedure. The undersigned recognizes without this statement of release, Free Spirit Massage & Doula Services, LLC would not provide the service.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

The following sometimes occurs during massage. They are **normal** responses to relaxation. Trust your body to express what it needs to:  
\*need to move or change position \*sighing, yawning, change in breathing stomach gurgling \* emotional feelings and/or expression  
movement of intestinal gas \* energy shifts \* falling asleep \* memories

**Please read the following information and sign below:**

1. I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully.

**Cancellation/reschedule policy:**

**Booking a session with me, you agree to my policies. All policies are posted on my website as well.**

1. Cancel / reschedule your appointment with at least 24 hours notice: no charge
2. Cancel / reschedule your appointment within 24 hours of your appointment for any reason: 50% of the full un-discounted rate. You can avoid this by sending someone in your place! If you are able to fill this appointment: no charge
3. Cancel / reschedule your appointment within 3 hours: Full charge, unless we can re-book that slot.
4. No show / No notice: If you do not show up for any reason, with no notice, you will be charged full price of the session booked.
5. If you are late for your scheduled session; your session starts without you. You will receive the remaining time you scheduled, but will pay for the full time slot booked. Arrive early so that your session can start on time.
6. Due to recent events with COVID, if you arrive at your appointment showing signs of **ANY** illness, you will be sent home and charged for the appointment. Please call the moment you show signs of illness to avoid any charges.

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

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