

FERTILITY INTAKE

Personal Information

Name _____

Today's Date _____

Emergency Contact _____

Contact's Phone _____

Date of Birth and Age _____

Fertility Health History

Are you under the care of a physician for the purpose of fertility? YES NO

If yes, who? _____

What other methods are you using to aide in conception? _____

Have you ever been pregnant before? YES NO

Have you ever experienced miscarriage? YES NO If yes, how many? _____

How long have you been actively trying to conceive? _____

Have you had any surgeries or injuries to your pelvis or reproductive organs? YES NO

If yes, please explain _____

If you have experienced birth before, were there any difficulties or complications that led to lasting trauma to your body? _____

Have you been diagnosed with a condition that may affect your fertility or may have a negative impact on your health if pregnant? YES NO

If yes, what is the condition? _____

When was the date of the 1st day of your last period? _____

Have you ever received fertility massage? YES NO

Please list all prescribed medications and supplements _____

Anything else your therapist should know? _____

Consent

I affirm that I have stated all my known medical conditions and have answered all questions honestly. Fertility massage does include strokes that would not be used during pregnancy. For this reason, I attest that to the best of my knowledge, I am not pregnant. I understand my cycle, when I am fertile, and when I might have conceived. If there is even the slightest chance I might be pregnant, I will share this information with my therapist so the session can be adjusted accordingly.

I understand that massage services are provided for the purpose of relaxation/relief of muscular tension and are NOT a substitute for medical examination, treatment, or diagnosis. For these concerns I will seek the advice of a physician or other medical professional. I recognize it is my responsibility to inform my therapist of any changes in my physical condition.

SIGNATURE _____ DATE _____