Fertility Massage Intake

If actively trying to conceive, appointments need to be between menses and ovulation, as then No uterine massage is done from ovulation until menstruation—though other areas are massage-able!

Name _____ **Date**_____
Date of Birth_____**Age**_____
Emergency Contact_____**Phone**_____

What is your treatment goal for today?_____
_____

___Have you had massage/bodywork before? (type)_____
___Have you had massage/bodywork for your womb/pelvis/ovaries before?

What is your current occupation?_____
List major stressors in your life _____
Are you seeing a fertility specialist? _____
How long have you been actively trying to conceive? _____

Date of Last Menstruation: _____
Are your cycles regular? _____ **Do you know when you ovulate?** _____

Please check (√) current problems. Mark with (+) if you had in the past.

___Anemia
___Allergies _____
___Menstrual cramps
___ No menstrual cycle
___Low back pain
___Disc Issues/bulging disc
___Sciatica
___Bladder or kidney infection
___Scoliosis
___Fibromyalgia
___Contact Lenses
___Skin disorders/Athletes Foot
___Falls/Injuries to sacrum/tailbone
___Depression/Anxiety
___Ectopic Pregnancy
___Fibroids
___Bleeding between periods
___Hemorrhoids
___Could you be pregnant today?
___OTHER_____

___Car or other major Accident
___Abdominal Surgery
___Seizures
___Sensitivity to massage oils or lotions
___High or Low Blood Pressure (on meds?)_____
___Varicose veins
___Broken bones
___Heartburn
___History of Blood Clots/DVT
___Headaches ___Migraines
___Cancer
___Any Surgery_____
___Insomnia
___Separated Abdominal Muscles
___ PID/Endometriosis
____Vaginal Discharge or infections
___Ovarian Cysts
___ Painful Intercourse

CURRENT SUPPLEMENTS or MEDICATIONS_____

_____

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Have you had a diagnosis related to fertility? _____
Diagnosis and Date_____

❒ Elevated FSH _____
❒ Uterine Fibroids/Polyps _____
❒ Endometriosis/Adhesions _____
❒ PCOS _____
❒ Premature Ovarian Failure (POF)_____
❒ Antisperm antibodies _____
❒Low Progesterone Level _____
❒Pelvic Inflammatory Disease _____
❒Chlamydia _____
❒Herpes _____
❒Other STI's: _____
❒Other diagnostics: _____

Future Artificial Reproductive Technology Plans?_____

What methods have you tried?_____
Are you currently having fertility Treatment?_____--

Have you taken Medications to help you ovulate?_____
Current medications or herbs to influence your fertility:
_____

What do you think is inhibiting conception? _____
Hormones ___ *Pelvic Congestion* ___ *Timing* ___ *Age* ___ *Diet* ___ *Lifestyle* ___
Emotions ___ *Genetics* ___ *Past history* ___ *Partner* ___ *Who knows?*

What types of practitioners have you sought out help from? _____

How are you feeling about your fertility journey at this time? _____
Hopeful ___ *Exhausted* ___ *Anxious* ___ *Excited Depressed* ___ *Uncertain* ___
Ready for More Attempts ___ *Seeking other options soon* ___ *Financially Strained* ___

FERTILITY MEDS
Have you taken medication to help you ovulate? _____
When? _____ How long? _____
If you have been diagnosed with PCOS, are you taking: Glucophage/ Fortamet/ Metformin
For How long? _____ *(Lowers sugar levels to increase probability of fertility)*

PREGNANCY:
Number of Pregnancies & Year_____
Number of Births & Year_____
____Miscarriages_____
____Abortions_____
____Still birth or other birth loss_____
____History of birth trauma or stress_____
____Ectopic pregnancy

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GYN HISTORY (include date)

____Uterine/ovarian Surgery or treatment_____
____Vaginal Infections & treatment_____
____Sexually Transmitted Diseases_____
____Herpes
____Polycystic Ovarian Syndrome or other hormonal disruptions_____
___ Last Pap Smear _____Results_____

____Episiotomy	____Ovarian or Uterine Cancer
____Vaginal Discharge	___ Ovarian Cysts
____Lichen sclerosis	____Endometriosis
____Fibroids	___ Ovarian Cysts
____Vaginal Dryness	____Painful intercourse
____Colposcopy/LEEP	____Pelvic Inflammatory disease
____Bladder or Bowel Incontinence	___Pelvic trauma of any sort

____HSG or other visualizing of tubes/uterus_____

BIRTH CONTROL

____History of contraceptive use: ____None

____Oral Contraceptives	____IUD (copper___/hormonal___)
____Depoprovera or other injection_____	
____Nexplanon, Jadelle, Norplant or other hormonal implant_____	
____Patch_____	____Natural Methods _____
____Nuva Ring or other vaginal ring	____Sponge
____Condoms (male or female)	____Cervical Cap
____Abstinence or Outercourse	____Spermicide
____Tubal Ligation	____OTHER_____

MENSTRUAL HISTORY

Last Menstrual period Start _____ End_____
Frequency of Menses_____-
Normal duration of Menses_____
Are your cycles regular? _____
Do you know when you ovulate? _____
____Irregular menses
___Heavy bleeding (pads per hour/day)_____
___Clots with menses **Size:** ___dime ___nickel ___larger
___Color of menses: ___dark___bright red ___slight reddish ___brown
___Cramping with menses **Severity:** ___mild___moderate ___intense
___Ovulation pain
___Are you aware of any sensation or physical manifestations when you ovulate?
When are you due to ovulate next?_____
Do you use Nuva Cup/ Sponge/ Tampons/ Pad/ Cloth
___Amenorrhea

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DIGESTION/ELMINATION

___Irritable Bowel ___Crohn's ___Celiac ___SIBO ___Other_____

PARTNER INFO

____Do you have a partner involved in your fertility journey? _____

____Is your partner supportive of your wish to conceive ? _____

____Has your partner had fertility workup? What?_____

____Is your partner fertile? _____

___Partner Diagnosis_____

CONSENT

___(Initial) NOTE: I understand that if I am actively trying to conceive, deep uterine massage is only done between menses and ovulation in the follicular phase. Less intensive womb work, abdominal massage, and other areas of the body can be worked on however during the luteal or menstrual phases.

I understand that Fertility Massage Therapy does not replace standard medical care.

- I understand that the massage therapist does not diagnose any medical conditions or illnesses, prescribe medications or perform any spinal manipulations.
- Because massage therapy may be contraindicated under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly to the best of my knowledge.
- I agree to keep the practitioner updated as to any changes in my medical profile, and I understand that there shall be no liability on the practitioner's part should I forget to do so.
- Massage Therapy can trigger emotional releases that are associated with all forms of emotional, physical, mental, social and spiritual life experiences. It is very normal to feel sensitive and emotional during or after a fertility or mayan abdominal massage massage.

I have read and under fully understand the above statements.

_____ _____

SIGNATURE Date