Pregnancy Massage Client Intake Form

Name_____ Birth Date_____

Address_____ Telephone #_____

City_____State_____Zip_____ Email_____

Occupation_____

Emergency phone contact: Name_____Phone:_____

How did you learn about us?_____

Have you received massage therapy or bodywork before?_____What kind?_____

How often:_____

Are you on any medication:_____If yes, what:_____

Do you exercise_____ How many times per week:_____ For how long:_____

Please list and explain other conditions/symptoms you are or have experienced:_____

_____

_____

_____

Have you had any serious or chronic illness, operations, or traumatic accidents:_____

If yes, explain:_____

_____

Prenatal Care Provider/Doctor_____Telephone_____

May I have permission to contact your care provider?_____

My due date is_____

This is my _____(1st, 2d, etc.) pregnancy. This will be my _____(number 1st, 2d …) birth.

I am_____(number) weeks pregnant in my _____(1st, 2d, 3d) trimester

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Please check current problems (X), mark with (+) if you had in the past:

___anemia
___leaking amniotic fluid*
___bladder infection*
___uterine bleeding
___blood clot or phlebitis*
___chronic hypertension
___abdominal cramping*
___diabetes (gestational or mellitus)
___edema/swelling
___fatigue
___headaches
___insomnia
___high blood pressure
___leg cramps
___miscarriage*
___nausea
___problems with placenta*
___pre-term labor
___preeclampsia (toxemia)*
___sciatica
___separation of the rectus muscles
___separation of the symphysis pubis
___skin disorders/athletes foot
___twins or more !*
___varicose veins
___visual disturbances*
___previous cesarean birth
___contagious conditions
___muscle sprain/strain
___heart attack/stroke
___arthritis
___carpal tunnel syndrome
___allergy to nut oils
___low blood pressure
___bursitis
___hypo or hyperglycemia
___contact lens
___allergies (i.e., peanut oil)

___other conditions or problems in current or past pregnancy_____
_____
_____
_____
Anything else you would like for me to know:_____
_____

I am experiencing a low risk/high risk (circle one) pregnancy according to my doctor/midwife. If I am currently having or develop complications (any symptoms/conditions listed above with *) I will discuss the condition with my massage therapist, and will have a medical release for bodywork signed by my prenatal care provider before continuing bodywork. I will immediately let my therapist know of any pain or discomfort so that pressure and strokes can be adjusted to my level of comfort.

I have completed this health form to the best of my knowledge. I understand that bodywork is a health aid and does not take the place of a physician's care. Any information exchanged during a massage or bodywork session is confidential and is only used to provide you with the best health care services. I know that massage/bodywork can be harmful in some circumstances; I fully assume responsibility for receipt of massage therapy, and release and discharge the therapist from any and all claims, liabilities, damages, actions from therapy received. I fully and fairly answered these questions and described my health and will tell the practitioner of any changes.

If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance. If I am late for my appointment, I understand that I will pay the full fee for the time allotted me.

Name_____ Date_____