Prenatal Massage Therapy Intake Form
CONFIDENTIAL INFORMATION

Today's Date_____

Name_____Date of Birth_____

Address_____

City_____State_____Zip_____

Phone # (primary)_____(secondary)_____

Email_____

Occupation_____

Emergency Contact: Name_____Phone #_____

Referred by_____

Physician/ Prenatal Healthcare Provider_____

Phone #_____❑ Doctor ❑ Midwife

Pregnancy Information

Week of Pregnancy_____Expected Due Date_____

❑ one baby ❑ twins or more

Any other Children? ❑ NO ❑ YES

Have you ever experienced any of the following? ❑ Miscarriage ❑ Ectopic pregnancy ❑ Stillbirth

Please check any complication or condition you may have experienced in this pregnancy

_____ Multiple pregnancy (twins)
_____ Gestational diabetes
_____ Placental dysfunction
_____ High blood pressure
_____ Pre-eclampsia
_____ Threatened miscarriage
_____ Lack of movement from baby
_____ Premature labor
_____ Heart disease
_____ Bladder infection
_____ Swollen hands and/or feet
_____ Varicose veins
_____ Phlebitis
_____ Leg cramps
_____ Restless legs
_____ Headaches
_____ Heartburn
_____ Nausea/Morning Sickness
_____ Indigestion
_____ Constipation
_____ Hemorrhoids
_____ Difficulty sleeping

Are you currently in pain or experiencing any discomfort? If so, please briefly explain:

_____

Describe any chronic pain/tension_____

Are you currently under the care of any other physician, chiropractor or alternative medicine practitioner? If yes, what are you being treated for?

_____

Please list any medications (prescription or non-prescription), vitamins and supplements you are currently taking:

_____

Are you currently receiving any other body or energy therapies? ❑ NO ❑ YES

If yes, what for?_____

What specific areas would you like for me to focus on?_____

Are there any areas you do NOT like massaged (i.e. feet, stomach, head, face)?_____

What do you hope to accomplish with this massage? (i.e. relaxation, decrease back pain, increase flexibility, etc.)

_____

Current Stress Level: ❑ Constant ❑ Moderate ❑ Mild ❑ None

Physical Activities/ Exercise? Include sports, pilates, yoga, gardening and/or other:

_____

How many hours of sleep do you receive each night? (approximately)_____

What is your sleeping position? (normally)_____

Daily water intake?:_____Right-handed ☐ or Left-handed? ☐

Please check any of the following that apply to you in the past or present:

Condition/Complaint	Past	Present	Condition/Complaint	Past	Present
Headaches			Numbness or Tingling in arms, legs, hands or feet		
Asthma			Neurological problems		
Cold Hands/feet			Spinal Problems		
Swollen ankles			Herniated/Bulging Discs		
Sinus Conditions			Osteoarthritis		
Frequent Colds			Arthritis		
Allergies (specify above)			Anxiety		
Skin Conditions			Depression/Panic		
Painful/Swollen Joints			Sleep Disturbance		
Auto-immune disorder			Loss of Memory		
Cancer			Whiplash		
Varicose Veins			Bruise Easily		
Blood Clots/DVT			Constipation/Diarrhea		
Heart Problems			Contact Lenses		
Pacemaker			Hemorrhoids		
High/Low BP			Artificial/Missing limbs		
Diabetes			Muscular Tension		
Epilepsy or Seizures			Sciatica		

*Further explanation of any condition or other information:*_____

_____

_____

The following sometimes occurs during massage; they are normal responses to relaxation. Trust your body to express what it needs:

☯*Need to move or change positions* ☯*Sighing, yawning* ☯*Stomach gurgling* ☯*Memories*

☯*Emotional feelings and/or expressions* ☯*Movement of intestinal gas* ☯*Energy shifts* ☯*Falling asleep*

PREGNANCY MASSAGE INFORMATION AND INFORMED CONSENT

Massage during pregnancy provides many benefits. It enhances circulation, supporting the work of your heart, and increasing the oxygen and nutrients delivered to your baby. It can relieve the sensation of heaviness and aching in your legs caused by swelling or varicose veins. It can optimize your muscle tone and function, relieve muscle strain and fatigue, and reduce strain on your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you have been told your pregnancy is high-risk, please notify the therapist.

Please read and sign the acknowledgement below:

- I have received and read written information concerning the possible benefits of massage therapy during pregnancy.
- I verify that I am experiencing a low-risk pregnancy, and have stated all my known medical conditions and take it upon myself to keep the therapist/practitioner updated on my health.
- I understand that I will be receiving massage therapy for the purpose of stress reduction, relief from muscle tension or spasm, or for increasing circulation and energy flow.
- I understand that the massage therapist does not diagnose illness, and as such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations.
- I am aware that this massage is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I might have.
- I understand and agree that I am receiving massage therapy entirely at my own risk. In the event that I become injured either direction or indirectly as a result, in whole or in part, of the aforesaid massage therapy, I HEREBY HOLD HARMLESS AND INDEMNIFY the therapist, their principals, and agents from all claims and liability whatsoever.
- I understand that payment is due at the time of treatment unless arrangements have been made otherwise.
- **I agree to give at least 24 hours notice of cancellation of appointment, otherwise will be expected to pay for session PLEASE INITIAL _____**

Signature_____ Date _____

Print Name: _____

HEALTH CARE PROVIDER'S RELEASE FOR MASSAGE DURING PREGNANCY

To: _____ (Massage Therapist):

_____ (patient's name) is under my supervision for prenatal health care. Her pregnancy is progressing normally. Therapeutic massage would, in my opinion, be an acceptable form of adjunctive care during her pregnancy. I have listed below any limitations in massage procedures for this patient:

_____

_____

_____

(signature)_____

(date) _____

Contact Info: Phone & Address _____

_____

_____