



# ***Prenatal Massage Intake Form***

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Date : \_\_\_\_\_

Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone : \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Physician/ Prenatal Healthcare Provider: \_\_\_\_\_

Phone: \_\_\_\_\_  Doctor  Midwife

## **Pregnancy Information**

Week of Pregnancy \_\_\_\_\_ Estimated Due Date \_\_\_\_\_

singleton  multiples : \_\_\_\_\_

Any other Children?  NO  YES

Have you ever experienced?  Miscarriage  Ectopic pregnancy  Stillbirth

Please check any you may have experienced in this pregnancy

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

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

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Describe any chronic pain/tension:

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

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

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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?

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

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

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Current Stress Level:

Constant       Moderate       Mild       None

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

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

What is your sleeping position? (normally) \_\_\_\_\_

Daily water intake?: \_\_\_\_\_ fl oz

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: \_\_\_\_\_

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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 directly 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 \_\_\_\_\_**

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

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

# HEALTH CARE PROVIDER'S RELEASE FOR MASSAGE DURING PREGNANCY

ATTN: Escaape Life's Velocity/ Ashley Molnar-Fernandez LMT (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:

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(signature) \_\_\_\_\_

(date) \_\_\_\_\_

Contact Info: Phone & Address \_\_\_\_\_

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