

A Calmness Within
Pregnancy Massage Intake

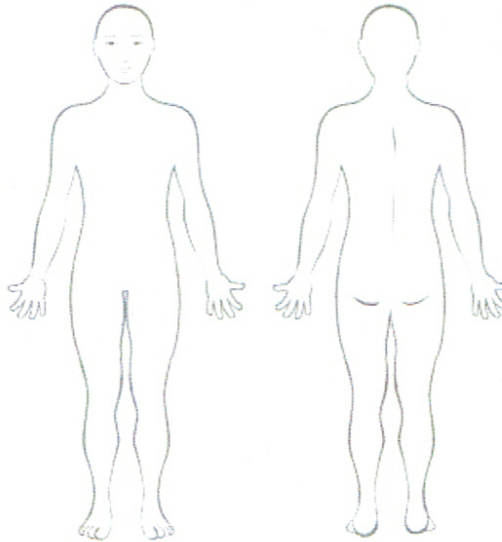
Name: _____ Date: _____
Physician: _____ DOB: _____
Due Date: _____ Week Gestation: _____
Email: _____ Phone: _____
Mailing Address: _____

Please acknowledge any complications or conditions during this or previous pregnancies:

- | | |
|-----------------------------|---------------------------------|
| _____ Multiples | _____ Varicose veins |
| _____ Gestational diabetes | _____ Sciatica |
| _____ Placental dysfunction | _____ Phlebitis |
| _____ High blood pressure | _____ Leg cramps |
| _____ Pre-eclampsia | _____ Restless legs |
| _____ Miscarriage | _____ Heartburn / indigestion |
| _____ Premature labor | _____ Nausea |
| _____ Heart disease | _____ Constipation |
| _____ Bladder infection | _____ Hemorrhoids |
| _____ Edema hands/feet | _____ Insomnia / restless sleep |

Other conditions or problems: _____

Indicate areas of tension, pain, or discomfort:



Please specify reason/s for seeking massage today: _____

A Calmness Within
Pregnancy Massage Intake

Information and Informed Consent

Massage during pregnancy can provide many benefits including enhanced circulation, increased oxygen and nutrient flow to baby, reduced pressure on legs/lower body, balance muscle tone, and reduce stress. If your pregnancy is high-risk, please inform your massage therapist.

Please read and sign and date the acknowledgement below:

I verify I am experiencing a low risk pregnancy according to my pregnancy healthcare provider and have completed this form to the best of my knowledge. I understand massage therapists do not diagnose medical conditions or prescribe medical treatment. I have received and read written information concerning the possible benefits of pregnancy massage. I understand while massage assists with wellness it does not take place of a physician's care.

I will inform the massage therapist of any complications or special circumstances related to my health or the health of my unborn child/ren and will obtain a medical release for massage/bodywork signed by my prenatal care provider for ongoing bodywork. I will immediately let the therapist know of any pain or discomfort so that their technique can be adjusted accordingly. I understand any information exchanged during a massage is confidential and is exchanged between client and therapist to provide safe, effective service.

I have my healthcare provider's permission to receive massage and release the therapist from any and all claims, liabilities, damages, actions from therapy received. I completely described my health and answered all questions to be the best of my knowledge and will notify 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 or miss my appointment, I will pay the full fee for the session as scheduled.

Name: _____

Date: _____