Head to Toe
Therapeutic Massage

Prenatal Client Intake Confidential Information:

Name: _____

Pregnancy in Weeks: _____ Physician: _____

Have you ever received a massage during pregnancy? _____yes _____no

Name of Preferred hospital: _____

Name of Significant other: _____

Estimated Due Date: _____

Has the baby moved in the past 24 hours? _____

Have you been told you are having a High Risk Pregnancy by your Physician?

_____ yes _____ no

Written Provider Consent:
Do you have Gestational Diabetes or a history of Diabetes: _____ yes _____ no

Maternal age below 18 and above 35: _____ yes _____no

Premature labor- before 38 weeks with one child and before 32 with multiples
_____ yes _____no

Multiple pregnancy _____ yes _____no

Prior High Risk Pregnancy _____ yes _____ no

If **yes** is answered to any of the above questions, we will not be able to proceed with the massage unless written consent from your Doctor/Midwife is provided. Consent must be updated with each massage.

Pregnancy Massage Contraindications:
No Massage will be completed for any of the following conditions listed below:
Please circle any conditions that you have.

Fever

No fetal movement/baby is not moving

Pitting Edema

Placenta or cervical dysfunction or abnormalities_

Deep Vein Thrombosis (blood clot) or unilateral leg swelling

Preeclampsia/Elevated Blood pressure

Persistent headache with swelling of face, hands, feet, with blurred vision

Been told by your provider that you have Protein in your urine

Preterm Labor

Vaginal bleeding

Leaking of amniotic fluid

Abdominal pain

Cardiac (heart), pulmonary (lung), liver, or renal (kidney) disorders

Epilepsy or other convulsive disorders

Drug exposure

Fetal Genetic defect

Multiple prior miscarriages

Client Release Form:

I have read the aforementioned conditions and symptoms, which make massage therapy during pregnancy contraindicated. The massage therapist has discussed this information with me and provided opportunity for any questions. I have disclosed all high-risk factors of my pregnancy and will have a medical release from my provider as listed above.

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 is confidential and is used to provide the best health care services. I know that massage/bodywork can be harmful in some circumstances; I fully assume any and all claims, liabilities, damages, and actions from therapy received. I fully and fairly answered these questions and described my health and will tell the therapist of any changes.

Name: _____ Date: _____