



PREGNANCY MASSAGE INTAKE FORM

Name: _____

DOB: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell: _____

Work: _____

Email: _____

Occupation: _____

Emergency Contact Info:

Name: _____

Phone #: _____

Relationship: _____

Prenatal Care Info:

OB Physician Name: _____

Facility: _____

Phone #: _____

Expected Due Date: _____

May we contact provider? Yes No How many weeks are you? _____

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

It's a (circle one): Boy Girl Twins We're waiting to find out

Are you taking any medications?

Please list and explain any conditions/symptoms you are experiencing:

Any complications with this pregnancy or previous pregnancies?

Do you exercise? _____ If yes, how often? _____

Duration: _____

Please circle any of the following current problems, and check (√) next to ones you have had in the past:

Anemia	Sciatica	Leaking amniotic fluid	Separation of rectus muscles	Bladder infection	Separation of the pubic bone	Uterine bleeding
Skin Disorders/ athlete's foot	Blood clot or phlebitis	Twins or more	Chronic hypertension	Varicose Veins	Abdominal cramping	Visual disturbances
Diabetes (gestational or mellitus)	Previous cesarean birth	Edema/Swelling	Contagious conditions	Fatigue	Muscle sprain / strain	Headaches
Heart attack / stroke	Insomnia	Arthritis	High Blood pressure	Leg Cramps	Allergies (i.e. peanut oil, etc)	Miscarriage
Low blood pressure	Nausea	Bursitis	Problems with placenta	Hypo or hyperglycemia	Pre-term Labor	Preeclampsia (toxemia)

Please read and sign below:

I am experiencing a **low risk** / **high risk** (circle one) pregnancy according to my doctor/midwife. If I am currently having or develop complications, 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.

Print Name _____

Signature _____

Date _____