Intake Form Add-on: Pregnancy

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  | Click here to enter text. | Date: | Click here to enter a date. |
| Age: | add | Weeks Pregnant: | add | Due Date: | enter date | # Pregnancy/Births:  | add/add |

Certain conditions during pregnancy warrant caution or a doctor’s release before receiving a massage. Please mark any of the following that you have experienced during this pregnancy.

|  |  |  |  |
| --- | --- | --- | --- |
| Currently experiencing: |  | Have a history of: |  |
| [ ]   | Morning sickness, nausea, or vomiting | [ ]  | Incompetent cervix |
| [ ]   | Vaginal bleeding or discharge | [ ]  | Miscarriage |
| [ ]   | Fever | [ ]  | Preterm labor |
| [ ]  | Decrease in fetal movement in a 24hr period | [ ]  | Blood Clots or Cancer |
| [ ]  | Diarrhea | [ ]  | Lung or liver disorder |
| [ ]  | Pain in the abdomen or elsewhere in the body | [ ]  | Severe anemia |
| [ ]  | Excessive swelling in the arms or legs | [ ]  | Convulsive disorders |
| [ ]  | Abnormal Fetal Heartbeat | [ ]  | Intrauterine growth restriction |
| [ ]  | Gestational diabetes | [ ]  | Lupus Erythematosus |
| [ ]  | Pre-eclampsia | [ ]  | Pelvic Inflammatory Disease |
| [ ]  | High risk pregnancy | [ ]  | Cardiac Disorders |
| [ ]  | No prenatal care | [ ]  | Drug abuse/Alcohol abuse |
| Please list any medications/ vitamins you are currently taking: |  |
| Click here to enter text. |
| OBGYN/Midwife:  | Click here to enter text. | Phone#:  | enter text here  |
| Location:  | Click here to enter text. |
| Do I have permission to contact your provider? | [ ]  | Yes | [ ]  | No |
| Emergency Contact: | Click here to enter text. | Phone#: | enter text here |
| Relationship:  | enter text here  |  |
| By signing this agreement, I hereby acknowledge and understand that I will be participating in massage therapy as a form of adjunctive therapy and that it is my responsibility to consult with my health care provider prior to participating in the massage. If at any time during the massage I feel uncomfortable, for any reason, I may terminate the massage and my massage session will end. I have filled out the health form to the best of my knowledge and I have my healthcare provider’s permission to receive a pregnancy massage. I have no medical condition that would prevent my participation in the massage. |
| Click here to enter text. | Click here to enter a date. |
| Client’s Signature | Date |
| Click here to enter text. | Click here to enter a date. |
| Therapist’s Signature | Date |