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 | | | | | | | | | | |