

CONFIDENTIAL **PRENATAL** CLIENT INFORMATION

TODAY'S DATE: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(h): _____ (w) _____ (cell) _____

Date of Birth: _____

Employer: _____ Occupation: _____

Referred by: _____ Your e-mail: _____

Reason for Visit: _____

Is this your first professional massage? Yes No If no, how frequently do you get a massage? _____

Please state **any recent** injuries, surgeries, accidents or medical treatments:

Prenatal Care Provider/Doctor _____ Telephone _____

May I contact your care provider? _____

My due date is _____ This is my _____ (1st, 2d, etc.) pregnancy.

This will be my _____ (number 1st, 2d ...) birth.

I am _____ (number) weeks pregnant in my _____ (1st, 2d, 3d) trimester

- I am experiencing a low risk/high risk (circle one) pregnancy according to my doctor/midwife.
- If I am currently having or develop complications (any symptoms/conditions listed on page 2 with *) 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 answered these questions and described my health and will tell the practitioner of any changes.

PLEASE COMPLETE BACK OF THIS PAGE

Please indicate current problems with (X), Please circle if you had in the past:

- anemia
- allergy to nut oils
- carpal tunnel syndrome
- uterine bleeding
- arthritis
- chronic hypertension
- heart attack/stroke
- contagious conditions
- diabetes (gestational or mellitus)
- edema/swelling
- fatigue
- headaches
- previous cesarean birth
- high blood pressure
- leg cramps
- bursitis
- nausea
- low blood pressure
- pre-term labor
- sciatica
- allergies (i.e., peanut oil)

- separation of the rectus muscles
- separation of the symphysis pubis
- skin disorders/athletes foot
- hypo or hyperglycemia
- varicose veins
- muscle sprain/strain
- insomnia

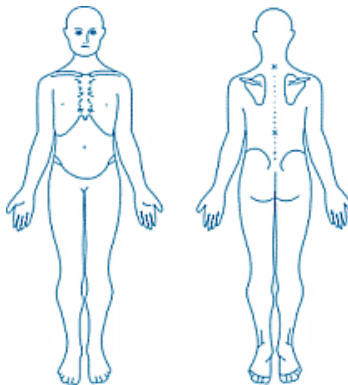
Medical release required for the following:

- problems with placenta*
- miscarriage*
- blood clot or phlebitis*
- visual disturbances*
- abdominal cramping*
- leaking amniotic fluid*
- bladder infection*
- preeclampsia (toxemia)*
- twins or multiples*

other conditions or problems in current or past pregnancy _____

Please list any medications taken now or at regular intervals: _____

Please circle on the figures below where you are experiencing pain:



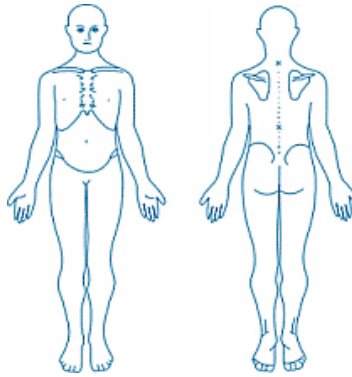
What is your level of pain? 0 means no pain; 10 extreme pain

0 1 2 3 4 5 6 7 8 9 10

PLEASE COMPLETE AND SIGN NEXT PAGE

Any additional comments: _____

I am indicating to my massage therapist those areas that I **do not want included** in my massage by circling the areas on the figures below.



Signature: _____ Date: _____