Touch of Bliss

Pregnancy Massage Client Intake Form

Name_____ DOB_____

Address_____ Phone #_____

City_____ ST_____ Zip _____Email_____

Occupation _____

Emergency Contact_____Phone #_____

How did you hear about me?_____

Have you received Massage or Bodywork before?_____What kind(s)_____

Are you on any medications/supplements?_____If yes, please list_____

_____

Do you exercise? _____How many times per week? _____For how long? _____

Please list and explain other conditions/symptoms you have or are experiencing_____

_____

Have you had any serious or chronic illness, operations, or traumatic accidents? If yes, please explain_____

_____

Prenatal Care Provider/Doctor_____Phone #_____

May I have permission to contact your Care Provider/Doctor?_____

My due date is _____

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

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

Please check (√) current problems, mark with (+) if you had in the past:

_____ anemia
_____leaking amniotic fluid*
_____bladder infection*
_____uterine bleeding*
_____blood clot or phlebitis*
_____chronic hypertension*
_____abdominal cramping*
_____diabetes (gestational or mellitus)
_____edema/swelling
_____fatigue
_____headaches
_____insomnia
_____leg cramps
_____miscarriage*
_____nausea
_____problems with placenta*
_____pre-term labor*
_____preeclampsia (toxemia)*
_____sciatica
_____separation of the rectus muscles
_____separation of the symphysis pubis
_____skin disorders/athlete's foot
_____other contagious conditions
_____varicose veins
_____visual disturbances
_____previous cesarean birth
_____twins or more*
_____sprains/strains
_____heart attack/stroke
_____arthritis
_____carpal tunnel syndrome
_____allergy to nut oils
_____low blood pressure
_____bursitis
_____hypo or hyperglycemia
_____contact lens
_____other conditions or problems in current or past pregnancy _____

_____

Anything else you would like me to know? _____

_____

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 conditions/symptoms listed above with a *) I will discuss the condition with my massage therapist, and will have a medical release for massage/bodywork signed by my prenatal care provider before continuing massage/bodywork.

I have completed this health form to the best of my knowledge. I understand that massage/bodywork is a health aid and does not take 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.

If I am unable to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance. If I miss a scheduled appointment without giving 24 hours notice, I agree to pay any missed appointment charge.

I am responsible to pay for any massage or bodywork fees not paid for by my insurance company.

Signature_____Date_____