

# Pregnancy Massage Intake Forms



**BLUEBIRD STUDIO**  
WOMEN'S MASSAGE CLINIC

## Client Contact Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician/Health-care Provider name: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this massage/bodywork medically necessary (is it for a medical condition, injury, surgery)? Yes  No

Do you have a physician referral/prescription? Yes  No

## Massage Information

Have you ever received professional massage/bodywork before? Yes  No

How recently? \_\_\_\_\_

What types of massage/bodywork do you prefer?

\_\_\_\_\_

What kind of pressure do you prefer? Light - Medium - Firm

What are your goals/expected outcomes for receiving massage/bodywork?

\_\_\_\_\_

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

\_\_\_\_\_

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes No Explain:

\_\_\_\_\_

List the medications you currently take:

\_\_\_\_\_

Are you wearing contacts? Yes  No

Are you wearing dentures? Yes  No

Are you wearing a hairpiece? Yes  No

Are you pregnant? Yes  No

## Health History

Prenatal Care Provider/Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

May we have permission to contact your Care Provider?: \_\_\_\_\_

My due date is: \_\_\_\_\_.

This is my \_\_\_\_\_ (number 1<sup>st</sup>, 2<sup>nd</sup>, etc.) pregnancy.

This will be my \_\_\_\_\_ (number 1<sup>st</sup>, 2<sup>nd</sup> ...) birth.

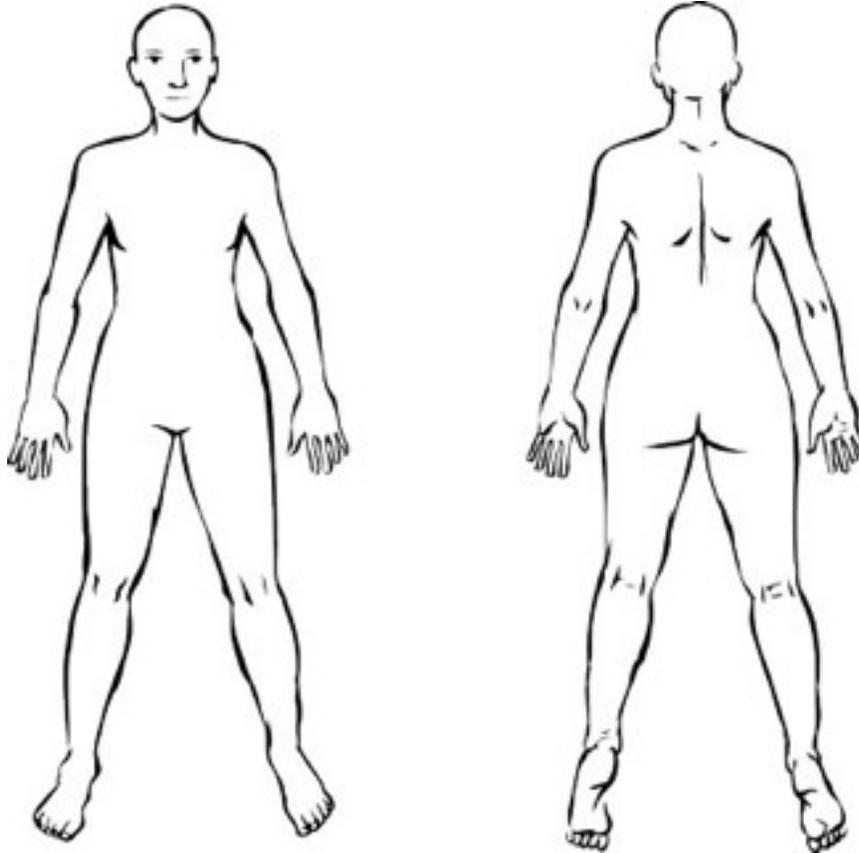
I am \_\_\_\_\_ (number) weeks pregnant in my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) trimester

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
- \_\_\_ high blood pressure \*
- \_\_\_ leg cramps
- \_\_\_ miscarriage \*
- \_\_\_ nausea
- \_\_\_ problems with placenta \*
- \_\_\_ pre-term labor \*
- \_\_\_ preeclampsia (toxemia) \*
- \_\_\_ other conditions or problems in current or past
- \_\_\_ sciatic
- \_\_\_ separation of the rectus muscles
- \_\_\_ separation of the symphysis pubis
- \_\_\_ skin disorders/ athletes foot
- \_\_\_ twins or more! \*
- \_\_\_ varicose veins
- \_\_\_ visual disturbances \*
- \_\_\_ previous cesarean birth
- \_\_\_ contagious conditions
- \_\_\_ muscle sprain / strain
- \_\_\_ heart attack / stroke
- \_\_\_ arthritis
- \_\_\_ carpal tunnel syndrome
- \_\_\_ allergy to nut oils
- \_\_\_ low blood pressure
- \_\_\_ bursitis
- \_\_\_ hypo or hyperglycemia
- \_\_\_ contact lens

Depict how you are feeling today by drawing a circle on the figures representing the size and shape of the following symptoms. Place the letter representing the symptoms in or near the circle:

P = Pain, ache, or tenderness  
S = Stiffness in the joint or muscle



*Rate how you are feeling today by drawing a circle around the number that best represents how you are doing today:*

No pain 0 1 2 3 4 5 6 7 8 9 10 Worst pain imaginable

Able to do everything 0 1 2 3 4 5 6 7 8 9 10 Not able to do anything

**Comments**

Is there anything else I should know about how you are feeling today or about your progress or care to date?

## Consent for Treatment

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

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: \_\_\_\_\_

Parent or Guardian Signature (in case of a minor): \_\_\_\_\_

*Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.*

## Cancellation

A 24-hour notice is required for cancellation of an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment.

## Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

## Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_