

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 1st, 2nd, etc.) pregnancy.

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

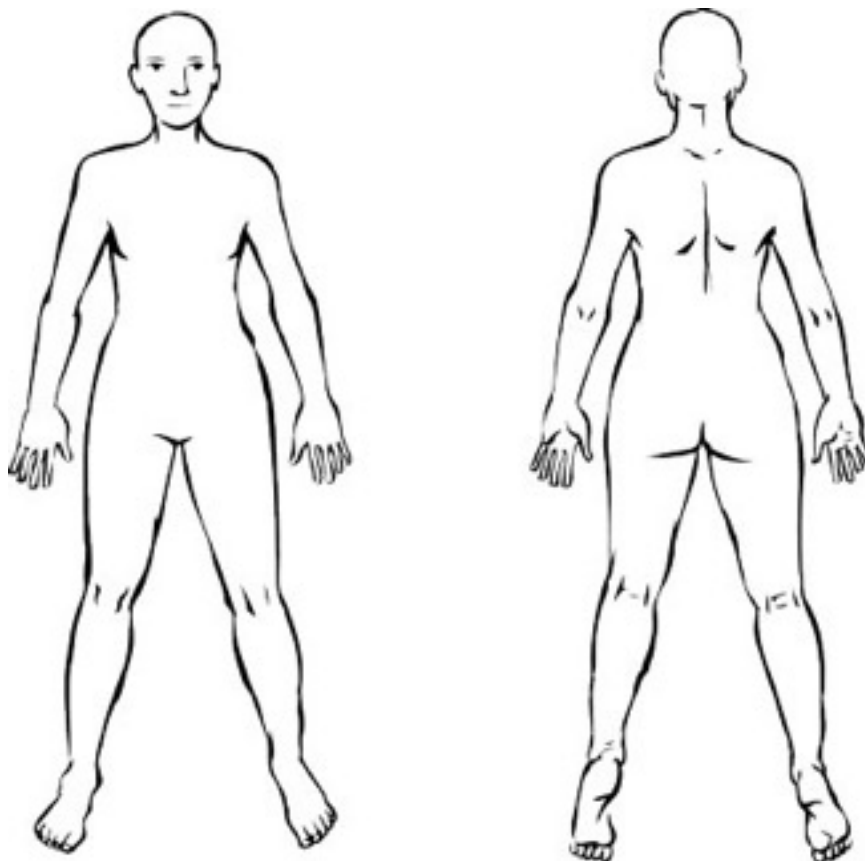
I am _____ (number) weeks pregnant in my _____ (1st, 2nd, 3rd) trimester

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
- ___ 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: _____