



Patient Information - Prenatal Massage Therapy

Name: _____ Date of Birth: ____/____/____
Occupation: _____ Phone: _____
Email: _____
How did you find us? _____

I am ____ (#) weeks pregnant. My due date is ____
This is my ____ (number 1st, 2nd) pregnancy.

Are you on any medication? Yes/No If yes, which ones? _____

Do you have any allergies towards scented/unscented oils, lotions or creams? Yes/No If yes, please specify _____

Please list and explain other conditions/symptoms you are or have experienced: _____

Have you had a serious or chronic illness, operations, or traumatic accidents? Yes/No If yes, please explain: _____

Blood pressure: Low/Normal/High

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

- anemia, leg cramps, previous cesarean birth, leaking amniotic fluid, miscarriage, contagious conditions, bladder infection, nausea, muscle sprain/strain, uterine bleeding, problems with placenta, heart attack/stroke, blood clot or phlebitis, pre-term labor, arthritis, chronic hypertension, preeclampsia, carpal tunnel syndrome, abdominal cramping, sciatica, allergy to nut oils, diabetes, separation of rectus muscles, low blood pressure, edema/swelling, separation of symphysis pubis, bursitis, fatigue, skin disorders, hypo or hyperglycemia, headaches, twins or more, contact lens, insomnia, varicose veins, other conditions or problems, high blood pressure, visual disturbances

Have you had a professional massage before? Yes/No How often? _____

Any areas you would like for your therapist to concentrate on? _____

Do you exercise? Yes/No How many times per week? _____ For how long? _____

In case of emergency, whom should we call? Phone: _____

Name: _____ Relationship: _____

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*) I will discuss the condition with my massage therapist and will have a medical release for massages signed by my prenatal care provider before continuing any services. I have completed this health form to the best of my knowledge. I understand that a massage is a health aid and does not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide you with the best health care services.

Signature _____ Date: _____

Notes:

