Prenatal Massage Intake Form

The Massage Clinic of

Poplar Bluff

Personal Information

Name_____Phone(Day)_____ Phone(Eve)_____
Address_____City/State/Zip_____
Emergency Contact_____ Phone _____
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) *
___ sciatica
___ 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
___ 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 *) 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 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

Prenatal Care Provider/Doctor_____Telephone_____

May I 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.

Signature_____Date_____