Spotswood Trail Therapeutic Massage
Massanutten, Virginia

PREGNANCY CLIENT INTAKE FORM

CONFIDENTIAL INFORMATION:

NAME _____TODAY'S DATE_____

Emergency Contact/Phone Number:_____

Do you exercise? _____ How many times per week? _____ How Long?_____

Prenatal Care Provider/Doctor_____ Phone #_____

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).

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 pregnancy_____

___ sciatica
___ separation of the rectus muscles
___ separation of the symphysis pubis
___ skin disorders/athletes foot
___ twins or more expected*
___ 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 lenses

Anything else you would like me to know?_____

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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 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.

Signature: _____ *Date:* _____

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