

## Pre-Natal Client Intake Form (this is a supplement to regular Intake Form)

Name \_\_\_\_\_ Due Date \_\_\_\_\_

Weeks pregnant as of 1<sup>st</sup> Pre-Natal massage \_\_\_\_\_

Is this your 1<sup>st</sup> pregnancy?    Yes    No

Prenatal care provider \_\_\_\_\_

May I contact provider?    Yes    No

Provider telephone number \_\_\_\_\_

Please list areas of discomfort: \_\_\_\_\_

Are you experiencing any of the following **common discomforts** of pregnancy? Please check all that apply.

- ☐ Nausea
- ☐ Fatigue
- ☐ Leg Cramps
- ☐ Increased Breathing Rate or pain in the ribs
- ☐ Swelling
- ☐ Sciatica (pain running down back of leg)
- ☐ Pain where your leg and trunk meet
- ☐ Carpal tunnel syndrome or pain in wrists

**Complications:** please check all of the following condition that you are currently experiencing or have experienced in past pregnancies.

- ☐ Preeclampsia or toxemia
- ☐ Leaking amniotic fluid
- ☐ Separation of the abdominal muscles
- ☐ Bladder infection
- ☐ Separation of the symphysis pubis
- ☐ Skin disorders/ athlete's foot
- ☐ Blood clot

## Complications cont'd

- ☐ Chronic high blood pressure
- ☐ Heightened blood pressure only associated with pregnancy
- ☐ Severe abdominal cramping
- ☐ Gestational diabetes / Type 1 diabetes
- ☐ Pitting edema
- ☐ Miscarriage
- ☐ Problems with placenta
- ☐ Pre-term labor

Other conditions or problems in current or past pregnancy\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 symptoms/conditions listed in the "complications" section above, 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 will immediately let my therapist know of any pain or discomfort so that pressure and strokes can be adjusted to my level of comfort. 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. I know that massage/bodywork can be harmful in some circumstances; I fully assume responsibility for receipt of massage therapy, and release and discharge the therapist from any and all claims, liabilities, damages, actions from therapy received. I fully and fairly answered these questions and described my health and will tell the practitioner of any changes.

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