Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Week of Pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please note that clients under 14 weeks **cannot** receive a massage)

Expected Due Date \_\_\_\_\_\_\_\_\_\_\_ Physician Name/Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any complication or condition you may have experienced in this pregnancy

Multiple pregnancy (twins) Varicose veins  Gestational diabetes 

Phlebitis  Placental Dysfunction Leg cramps 

High blood pressure  Restless legs  Pre-eclampsia 

Headaches  Threatened Miscarriage Heartburn 

Premature labor  Indigestion  Heart disease 

Constipation  Bladder Infection  Hemorrhoids 

Swollen hands and/or feet  Difficulty sleeping 

Are you currently in pain or experiencing any discomfort? If so, please briefly explain.

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

Describe any chronic pain/tension \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What makes it better? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What makes it worse?

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

Are you currently under the care of any other physician, chiropractor or alternative medicine practitioner? Yes No

If yes, what are you being treated for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope to accomplish with this massage? (i.e. relaxation, decrease back pain, increase flexibility, ect)

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

The following sometimes occurs during massage; they are normal responses to relaxation. Trust your body to express what it needs:

Need to move or change positions, sighing, yawning, stomach gurgling, memories, emotional feelings and/or expressions, movement of intestinal gas, energy shifts, falling asleep

If at any point you need adjustments from your Massage Therapists, let them know so that they can keep you and your baby comfortable during your appointment.

PREGNANCY MASSAGE INFORMATIONAND INFORMED CONSENT

Massage during pregnancy provides many benefits. It enhances circulation, supporting the work of your heart, and increasing the oxygen and nutrients delivered to your baby. It can relieve the sensation of heaviness and aching in your legs caused by swelling or varicose veins. It can optimize your muscle tone and function, relieve muscle strain and fatigue, and reduce strain on your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you have been told your pregnancy is high-risk, please notify the therapist. Please read and sign the acknowledgement below:

•I have received and read written information concerning the possible benefits of massage therapy during pregnancy.

•I verify that I am experiencing a low-risk pregnancy and have stated all my known medical conditions and take it upon myself to keep the therapist/practitioner updated on my health.

•I understand that I will be receiving massage therapy for the purpose of stress reduction, relief from muscle tension or spasm, or for increasing circulation and energy flow.

•I understand that the massage therapist does not diagnose illness, and as such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations.

•I am aware that this massage is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I might have.

•I understand and agree that I am receiving massage therapy entirely at my own risk. In the event that I become injured either direction or indirectly as a result, in whole or in part, of the aforesaid massage therapy, I HEREBY HOLD HARMLESS AND INDEMNIFY the therapist, their principals, and agents from all claims and liability whatsoever.

•I understand that payment is due at the time of treatment unless arrangements have been made otherwise.

•I agree to give at least 24 hours’ notice of cancellation of appointment, otherwise will be expected to pay for session PLEASE INITIAL \_\_\_\_\_\_\_

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_