Studio name _____

Prenatal massage intake

This takes about three minutes. Your answers stay with the practice and help your therapist plan a comfortable session.

About you

Your name
First name

Last name

Date of birth (MM/DD/YYYY)

Phone

Email

Home address
Street address

City, state, ZIP

Emergency contact

Your pregnancy

Which trimester are you in?

☐ First (up to 13 weeks) ☐ Second (14 to 27 weeks) ☐ Third (28 weeks on)

Due date (MM/DD/YYYY)

Limits your provider gave you, if any

Your doctor or midwife

Note from your provider (if your therapist asks for one)

Attach a copy to this form

Your visit

What brings you in today?

How much discomfort do you feel right now?

☐ None ☐ A little (1 to 3 out of 10) ☐ Some (4 to 6 out of 10) ☐ A lot (7 to 10 out of 10)

Where should we focus, and where should we stay away?

Mark or describe the placement

What pressure do you like?

☐ Light ☐ Medium ☐ Firm ☐ Deep

Is this your first massage?

☐ Yes ☐ No

Health questions

Please answer every question so your therapist can plan your session around your health. These questions aren't medical advice, so check with your doctor about anything you're unsure of.

During this pregnancy, have you had any of these? Choose all that apply.

☐ My provider called this a high-risk pregnancy ☐ High blood pressure or preeclampsia

☐ Gestational diabetes ☐ A placenta problem, such as placenta previa

☐ Bleeding or cramping during this pregnancy ☐ Blood clots, now or in the past

☐ Sudden swelling of the face, hands or legs ☐ Twins or more ☐ None of these

Has your doctor or midwife said anything about massage?

☐ They said it's fine ☐ I haven't asked ☐ They gave me limits ☐ They advised against it

Do you have any of these? Choose all that apply.

☐ High blood pressure ☐ A heart condition ☐ Blood clots or deep vein thrombosis, now or in the past

☐ Varicose veins ☐ Diabetes ☐ Cancer, now or in the past ☐ Osteoporosis ☐ Arthritis

☐ Epilepsy or seizures ☐ Fibromyalgia ☐ Numbness or tingling anywhere

☐ Frequent headaches or migraines ☐ A skin condition, rash or open sore

☐ An implant, such as breast implants or a pacemaker ☐ None of these

Do you take any medicines, including pain relievers or muscle relaxants?

☐ Yes ☐ No

Which ones?

Do you take a medicine that thins your blood, such as warfarin or a daily aspirin?

☐ Yes ☐ No

Which one?

Are you allergic or sensitive to any oils, lotions, nuts, latex or scents?

☐ Yes ☐ No

What are you allergic to?

Do you have a fever, a cold, or anything contagious today?

☐ Yes ☐ No

What you agree to

How you'll lie

My therapist will position me on my side or semi-reclined with pillows, not flat on my belly. I can ask to change position at any time.

Initials

Changes in your pregnancy

I'll tell my therapist before each session about any change in my pregnancy or anything new my provider has told me. If I feel dizzy, short of breath, have cramping or bleeding, the session stops.

Initials

Your provider's say

I understand my therapist may ask for a note from my provider and may decline or adjust a session based on my answers.

Initials

Draping

I'll undress only to my comfort level and be covered by a sheet or towel. Only the area being worked on is uncovered, and my genitals and breasts stay covered the whole time.

Initials

Speaking up

I'll tell my therapist if the pressure is too much, if anything is uncomfortable, or if I want an area skipped. I can stop the session at any time.

Initials _____

Massage isn't medical care

I understand massage doesn't take the place of medical care. My therapist doesn't diagnose conditions, prescribe treatment or adjust the spine, and nothing said here is medical advice.

Initials _____

Paying for your session

I understand this practice is cash-pay. It doesn't bill health insurance, and I pay for each session myself.

Initials _____

Respect

I understand the session is professional and nonsexual. Any sexual comment or behavior ends the session at once, and I'm still charged for it.

Initials _____

My answers

My answers are true and complete. I'll tell my therapist before each session if my health or medicines change.

Initials _____

Booking policy

Your deposit or card holds your appointment, and a deposit comes off the price of your session. To move or cancel, give at least 24 hours' notice. A missed appointment or a late cancellation is charged the amount the practice shows when you book.

Initials _____

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Your signature _____ **Date** _____

Printed name _____