Abundant Life Therapies

Prenatal Release Form

Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email _____

Occupation _____

Referred by _____

Emergency Contact
Name _____ Phone _____ Relation _____

Prenatal Provider _____ Phone _____

This is my _____ (1st, 2nd, etc.) pregnancy and will be my _____(1st, 2nd, etc.) birth and is progressing normally. I am _____ weeks pregnant in my _____ (1st, 2nd, 3rd) trimester. My due date is _____. I plan to give birth at _____.

Massage History

Have you ever received a professional massage? Yes / No (circle one)
If yes, how often? _____ Date of last massage _____

Depth of pressure preferred: Light Moderate Firm Deep (circle one)

Are you experiencing any pain or discomfort? If yes, where? ____ _____

_____

Please feel free at any time to communicate to the therapist any information about the comfort or discomfort of the pressure or technique being used. It is the intent of the therapist to provide a therapeutic massage; however, either party may terminate the massage at any time, for any reason.

Medical

In order to provide you with the most optimum care in your pregnancy, it helps me to know of any complications or conditions that may require particular bodywork precautions. Please inform me at each of our visits of any changes in your pregnancy.

Please check mark (✓) current problems, mark with (➕) if you have had in the past:

___ Abdominal cramping*
___ Anemia
___ Allergies
___ Back surgery or injury
___ Bladder or kidney infection*
___ Blood clot or phlebitis*
___ Carpal Tunnel syndrome
___ Chronic hypertension*
___ Diabetes (gestational or mellitus)
___ Dizziness
___ Edema/swelling
___ Fatigue
___ Fibromyalgia
___ Headaches
___ Heartburn
___ High blood pressure*
___ HIV
___ Insomnia
___ Leaking amniotic fluid*
___ Leg cramps
___ Lower back pain
___ Miscarriage*
___ Nausea
___ Problems with placenta*
___ Preterm labor*
___ Preeclampsia (toxemia)*
___ Previous cesarean birth
___ Sciatica
___ Separation of the rectus muscles
___ Separation of the symphysis pubis
___ Seizures
___ Skin disorders / Athlete's Foot
___ Twins or more!*
___ Uterine bleeding*
___ Varicose veins
___ Visual disturbances*

___ Any other problems in current or past pregnancy _____

I, _____, verify that 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.

Signature _____

Date _____

Erin Bay Feller LMT #15644
11825 SW Greenburg Rd. Suite 210, Tigard, OR 97223
(503) 536-5546