

Prenatal Form

First: _____ Middle: _____ Last: _____

Prenatal Care Provider/Doctor: _____ Phone: _____

May we have permission to contact your care provider? _____

My due date is: _____

This is my _____ (1st, 2nd, etc.) pregnancy. This will be my _____ (number 1st, 2nd, etc.) birth.

I am _____ (number) weeks pregnant and in my _____ (1st, 2nd, 3rd) trimester.

Please check if you have any of the following:

Anemia

Sciatica

Leaking Amniotic Fluid

Edema/Swelling

Infections

Uterine Bleeding

Fatigue

Insomnia

Chronic Hypertension

Abdominal Cramping

Carpal Tunnel

Miscarriage

Nausea

Placenta Problem

Preeclampsia/Eclampsia

Other conditions or problems in current pregnancy: _____

Anything else you would like for me to know: _____

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 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. Any information exchanged during a massage/bodywork session is confidential and is only used to provide me with the best health care services. 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: _____

If under 18:

Guardian Signature: _____ Date: _____