



# Client History Form – Pregnancy

## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Mobile \_\_\_\_\_ Home \_\_\_\_\_

Date of birth \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Contact's telephone \_\_\_\_\_

Your occupation \_\_\_\_\_ Employer \_\_\_\_\_

Prenatal care provider \_\_\_\_\_ Provider's telephone \_\_\_\_\_

Health fund (for ancillary cover) \_\_\_\_\_

## MEDICAL HISTORY

Previous pregnancy? \_\_\_\_\_ Length of gestation: Weeks \_\_\_\_\_

Names/Age of Children: \_\_\_\_\_

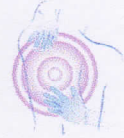
Previous experience with massage during pregnancy: \_\_\_\_\_

Current medications, including aspirin, ibuprofen, herbs, vitamins, etc \_\_\_\_\_

Primary reason for appointment/areas of pain or tension: \_\_\_\_\_

Heart/blood circulation disorders	Y/N	Low back pain	Y/N
Spinal disorders	Y/N	Sciatica/gluteal pain	Y/N
Illness	Y/N	Hip pain	Y/N
Injuries	Y/N	Separation of symphysis pubis	Y/N
Surgeries	Y/N	Separation of abdominal muscles	Y/N
Accidents	Y/N	Leg cramps	Y/N
Osteoporosis/Arthritis	Y/N	Carpal tunnel	Y/N
Varicose veins	Y/N	Nausea	Y/N
Allergies/skin problems	Y/N	High blood pressure	Y/N
Headaches	Y/N	Oedema/swelling	Y/N
Pain/numbness	Y/N	Diabetes	Y/N
Bladder infection	Y/N	Preterm labour	Y/N
Uterine bleeding	Y/N	Abdominal cramping	Y/N
Chronic hypertension	Y/N	Preeclampsia	Y/N
Blood clot or thrombophlebitis	Y/N	More than 2 consecutive miscarriages	Y/N
Placenta insufficiency	Y/N	Other conditions or more details on above conditions? Please specify below	Y/N

Any other problems in current or past pregnancy? \_\_\_\_\_



Types and frequency of stress-reduction activities, hobbies, exercise, or sports participation \_\_\_\_\_

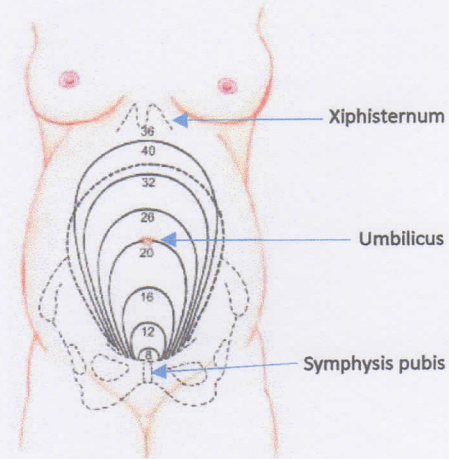
Most current blood pressure \_\_\_\_\_

Describe any foetal movement \_\_\_\_\_

Can you describe your general well-being? \_\_\_\_\_

Have you experienced any changes since your last visit? \_\_\_\_\_

Have you experienced any bleeding? \_\_\_\_\_



## MARKETING

How did you find out about Life Energy Remedial Massage?

- ☐ Facebook ☐ Gumtree  
☐ Google ☐ True Local  
☐ Referral from friend or relative ☐ Other \_\_\_\_\_

Do you consent to receive marketing material? ☐ Yes ☐ No (The newsletter is emailed on the 1st Sunday of each month at 3pm.)

## CONSENT TO MASSAGE

- I, \_\_\_\_\_ (please print your name) have chosen to consult with and hereby give consent for massage therapy to be provided by Tracey Ross (the therapist) who I understand is a member of the Association of Massage Therapists Ltd (AMT), and Massage & Myotherapy Australia.
- I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned.
- I understand that massage may provide benefits for certain conditions but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction in the symptoms of stress-related conditions and provision of general well-being.
- I also understand that massage therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.
- I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.
- The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs.
- I will tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.
- The therapist has explained that I have the right to refuse treatment or changes to the treatment and that she or I have the right to stop the massage at any time.
- I undertake to advise the therapist of changes that may occur in any of my conditions at any further massage treatment that may occur.
- I am aware that during this time of COVID 19 concerns, extra precautions are being taken. This includes my responding honestly to the Appointment Information email, prior to each appointment.
- I have read and understand the Life Energy Remedial Massages' Privacy Policy (attached).
- I have read and understand the Life Energy Remedial Massages' Terms and Conditions (attached).

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

Updated: 11/08/2021 10:46 AM