



## Pregnancy Massage Client Intake Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Ob/Gyn/Midwife handling your care: \_\_\_\_\_ Phone: \_\_\_\_\_

Due Date: \_\_\_\_\_ How many weeks postpartum: \_\_\_\_\_

Do you have any complications or medical issues with your pregnancy? No / Yes

If yes, please describe:

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Do you have any swelling? No / Yes / Sometimes

Do you have any changes in veins? No / Yes If yes, where: \_\_\_\_\_

Have you been pregnant before? No / Yes # of time: \_\_\_\_\_

Types of births you have had in the past:

cesarean / vaginal / hospital / home / birthing center

Where are you planning to give birth? Home Birth Birthing Home Hospital

Will you be attempting a V-BAC (vaginal birth after cesarean)? \_\_\_\_\_

Please describe anything you'd like to address in the session today, and/or any areas of concern:

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(Please turn over)

Please check if you have any of the following symptoms or conditions:

- \_\_\_\_\_ Any vaginal bleeding or discharge
- \_\_\_\_\_ Fevers
- \_\_\_\_\_ Flu, Acute illness
- \_\_\_\_\_ Decreased fetal movement over a 24 hour period
- \_\_\_\_\_ Diarrhea
- \_\_\_\_\_ Pain in the abdomen that is new and unexplained
- \_\_\_\_\_ Excessive swelling in the arms, legs or face
- \_\_\_\_\_ Any pitting edema
- \_\_\_\_\_ Bruising
- \_\_\_\_\_ Rashes or local skin infections
- \_\_\_\_\_ Deep Vein Thrombosis
- \_\_\_\_\_ Diagnosed incompetent cervix
- \_\_\_\_\_ Gestational diabetes
- \_\_\_\_\_ Pregnancy Induced Hypertension (PIH)
- \_\_\_\_\_ Premature rupture of the membranes or history of that
- \_\_\_\_\_ Premature labor
- \_\_\_\_\_ Medication for depression, thyroid, etc
- \_\_\_\_\_ A history of miscarriage or pregnancy complications, twins
- \_\_\_\_\_ Placental Abnormality

I, \_\_\_\_\_, have read this entire form including the contraindications listed above. I attest that I have none of the above conditions, nor do I have any medical problems whatsoever. I am in general good health.

I am aware that I am being massaged by \_\_\_\_\_. I agree to hold my massage therapist and Massage Therapy Connections harmless in the event of any medical/health problem being experienced by me during or after the massage.

I have read and I understand what has been stated above. I have answered all questions and have supplied personal information honestly and accurately. I realize that if I have been dishonest I could be endangering my or my unborn child's health.

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