Pregnancy Intake Form

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

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

Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week of pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check off any of the following that pertain to you:

\_\_Am over 36 years old \_\_High blood pressure

\_\_Heartburn \_\_Difficulty sleeping

\_\_First pregnancy \_\_Placental Dysfunction

\_\_Indigestion \_\_Bladder or Kidney infection

\_\_Pregnant with multiples (2+) \_\_Varicose veins

\_\_Constipation \_\_Swollen feet&/or ankles

\_\_Morning sickness, nausea

\_\_Gestational diabetes \_\_Leg cramps or restless legs

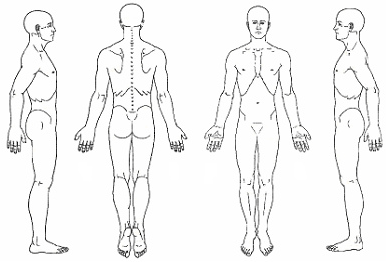
\_\_High blood pressure \_\_Phlebitis

\_\_Threatened miscarriage \_\_Premature Labor

List any physical disabilities, ailments, allergies, etc. that are not mentioned above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My goals for this massage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle the areas you would like use to focus on: 

List any areas would you like us to avoid if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you like light, medium or firm pressure? Deep Pressure is not allowed for pregnancy massage. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREGNANCY MASSAGE INFORMATION AND INFORMED

CONSENT

I verify that I am experiencing a low risk pregnancy, and have stated all my known medical conditions. I have my doctor’s approval to receive prenatal massage. I understand that I will be receiving massage therapy for the purpose of stress reduction, relief from muscle tension or spasm, or for improving circulation and energy flow. I understand that the massage therapist does not diagnose illness, and, as such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. I am aware that this massage is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I might have. I understand and agree that I am receiving massage therapy entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I HEREBY HOLD HARMLESS AND INDEMNIFY the therapist Joanna Yanez and Xochitl Codina, their

principals, and agents from all claims and liability whatsoever.

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_