



**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_  
**Emergency Contact Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Prenatal Care Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_ This is my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, etc) **Pregnancy,**  
**my** \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, etc) **Birth, and I am** \_\_\_\_\_ **weeks along in my**  
\_\_\_\_\_ **Trimester presently.**

For the following, check off the boxes that apply to the best of your ability.

C = Currently Experiencing | P = Past Pregnancy Experience

C P

- Sciatica
- Nausea
- Anemia
- Edema/Swelling
- Headaches
- Low Back Pain
- Leg Cramps
- Insomnia
- Carpal Tunnel Syndrome
- Skin Disorders
- Separation of the Symphysis Pubis
- Separation of the Abdominal Muscles
- Gestational Diabetes

C P

- Bladder Infection
- Uterine Bleeding
- Chronic Hypertension
- Blood Clot/Phlebitis
- High Blood Pressure
- Placental Problems
- Preterm Labor
- Abdominal Cramping
- Preeclampsia
- More than 2 Consecutive Miscarriages

**Any other medical concerns:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Prenatal Agreement:**

I verify that I am experiencing a **low risk / high risk** (*circle one*) pregnancy according to my prenatal care provider. If I am currently having or develop complications (any conditions/symptoms listed previously in the right-hand column), I will discuss the condition with my massage therapist and will either have a medical release for bodywork signed by my prenatal care provider or give permission for my massage therapist to contact my prenatal care provider and receive a verbal medical release for bodywork, before continuing bodywork. I understand that this is to allow the massage therapist to provide me the best, safest care possible during my pregnancy and that any medical information received will be kept confidential. If I am a high-risk pregnancy and medical release for bodywork is necessary and cannot be obtained, I understand that it will be my choice to either receive strictly energetic work or require that the appointment be rescheduled and pay the minimum \$40 fee.

**General Agreement:**

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I understand that there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I acknowledge that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

I understand that payment is due at the time of service, in full, unless agreement has been made otherwise with the massage therapist. If I cannot make an appointment, I understand there is a \$40 charge if I do not provide at least 48 hours of notice; unless it is due to an emergency. Application of this charge is at the massage therapist's discretion.

It is my responsibility to be an active participant in my treatment. I am aware that I should alert my massage therapist to anything that is uncomfortable or painful. I understand that energetic techniques may be used, and that I have the right to request that they not be included for any reason.

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Signature

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Date