



## **PRENATAL CLIENT INFORMATION**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street) (City) (State) (Zipcode)

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

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

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

Yelp  Google  Friend  Healthcare Practitioner  Other: \_\_\_\_\_

Delivery due date: \_\_\_\_\_ Name of OB/Midwife: \_\_\_\_\_

Number of children: \_\_\_\_\_ Number of previous pregnancies: \_\_\_\_\_

## **MESSAGE HISTORY**

Have you had a professional massage before? \_\_\_\_\_

Have you had a massage during this pregnancy? \_\_\_\_\_

## **CURRENT HEALTH**

How has your health been so far in this pregnancy? \_\_\_\_\_

In what physical activities are you involved? \_\_\_\_\_

Are you currently experiencing physical discomfort (explain)?

---

Are you currently experiencing any of the following?

\_\_\_\_ Backache  Hip & Leg pain

\_\_\_\_ Swelling in hands or feet  Calf Cramps

\_\_\_\_ Nasal Congestion  Headaches

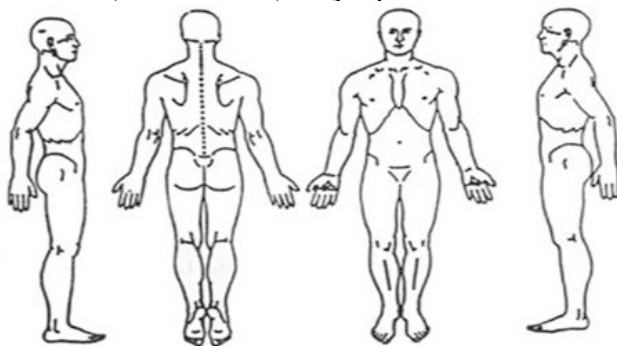
\_\_\_\_ Nausea/Morning Sickness  Sciatic pain

What results would you like to see from today's massage?

---

---

Indicate on chart below, with an X, any specific areas of pain or tension:



Has your healthcare provider identified any risks for you in this pregnancy (explain)?:

---

Are you expecting multiple babies? If yes, how many?

---

Check any of the following you have had prior to or during this pregnancy:

High blood pressure \_\_\_\_\_ Edema/abnormal swelling \_\_\_\_\_  
Blood clots \_\_\_\_\_ Varicose veins \_\_\_\_\_  
Diabetes/Gestational Diabetes \_\_\_\_\_ Pre-eclampsia \_\_\_\_\_

List any other physical conditions which might interfere with you receiving a massage?

---

What questions or concerns do you have about changes you are experiencing in pregnancy?

---

Please read and agree, by signing below, our cancellation policy:

We ask that you call within 24 hours, in advance, of your appointment to cancel or reschedule if you can not be here at the time of your appointment. A fee equal to the full cost of the session you booked will be charged should you miss your appointment without the required 24 hours advance notification.

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

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

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 massage therapists do not diagnose illness, disease, or any physical or mental disorder. If I experience any pain or discomfort during this session, I will immediately inform the therapist.

I understand that massage therapy is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions of which I am aware and will inform Release Massage Therapy of any changes in my health status.

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

### **PREGNANCY PLANNING & HISTORY (Optional)**

What kind of birth are you planning? \_\_\_\_\_

Do you have expectations of the way you will recover from this pregnancy (explain)?

\_\_\_\_\_

If this is not your first pregnancy, please answer the questions below:

Were there complications in previous pregnancies or deliveries? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Is there anything different you'd like to experience with this pregnancy? (explain)?

\_\_\_\_\_

Were you happy with the way your body recovered from other pregnancies (explain)?

\_\_\_\_\_

Is there anything different you'd like to experience with this labor/delivery? (explain)?

\_\_\_\_\_

Anything else you want to share with us? \_\_\_\_\_