

Prenatal Intake Form

Name _____ DOB _____

Today's Date _____ Due Date _____ Weeks Along _____

Please mark any complications you are experiencing with this pregnancy or previous Pregnancies.

Miscarriages

Varicose Veins

Multiples

Phlebitis

Gestational Diabetes

Leg Cramps

Placental dysfunction

Restless legs

High Blood Pressure

Headaches

Pre-Eclampsia

Heartburn

Premature Labor

Indigestion

Heart Disease

Constipation

Bladder Infections

Hemorrhoids

Swollen Hands or feet

Trouble Sleeping

Any other problems you feel you need to share with me.

Pregnancy Massage Information and Consent Form

Massage during pregnancy provides many benefits. It enhances circulation, supporting the work of the heart, and increasing the oxygen and nutrients delivered to your baby. It can relieve the sensation of heaviness and aching in your legs caused by the swelling and varicose veins. It can optimize your muscle tone and function, relieve muscle strain and fatigue, and reduce the strain on your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you have been told your pregnancy is high risk, a doctor's release may be required.

Please read and sign the acknowledgement below:

I have received and read written information concerning the possible benefits of massage therapy during pregnancy. I verify that I am experiencing a low risk pregnancy or been given a release form from my physician stating massage is safe with my current conditions, and shared all my known medical conditions. I understand that I will be receiving therapeutic massage for the purpose of stress reduction, relief from muscle tension or spasm, or for increasing circulation and energy flow. I understand that Cody Schniepp (the Massage Therapist) does not diagnose illness, and, as such, does not prescribe medical treatment or pharmaceuticals, nor does he perform any spinal manipulations. I am aware that this massage is not a substitute for medical examination and diagnosis and that it is recommended that I see a physician for any ailment I may have. I understand and agree that I am receiving therapeutic massage entirely at my own risk. I understand that there is a slight but real risk of a massage triggering a miscarriage, especially with a higher risk pregnancy. I understand that all information provided by me and my doctor are being used to ensure that massage is safe for me and that the risk of massage triggering a miscarriage is minimized as much as possible, but that the risk cannot be completely removed.

Signature _____ Date: _____