



Knewton
Health Group

Pregnancy Massage

Name _____

Address _____

City _____ ST _____ Zip _____

Occupation _____

Birth Date _____

Telephone # _____

Email _____

Emergency Phone Contact: Name: _____

Phone: _____

How did you learn about us?

Have you received Massage Therapy or Bodywork before? _____ What Kinds?

How often?

Are you on any medication? _____ If yes, which ones?

Do you exercise? _____ How many times per week? _____ For how long?

Please list and explain other conditions/symptoms you are or have experienced:

Have you had any serious or chronic illness, operations, or traumatic accidents?

If yes, please explain:

Prenatal Care Provider/Doctor _____

Telephone _____

May I have permission to contact your Care Provider? _____

My due date is _____.

This is my _____ (number 1st, 2nd, etc.) pregnancy. This will be my _____ (number 1st, 2nd...) birth.

I am _____ (number) weeks pregnant in my _____ (1st, 2nd, 3rd) trimester



Please check (_) current problems, mark with (+) if you had in the past :

- anemia
- leaking amniotic fluid *
- bladder infection *
- uterine bleeding *
- blood clot or phlebitis *
- chronic hypertension *
- abdominal cramping *
- diabetes (gestational or mellitus)
- edema/swelling
- fatigue
- headaches
- insomnia
- high blood pressure *
- leg cramps
- miscarriage *
- nausea
- problems with placenta *
- pre-term labor *
- preeclampsia (toxemia) *
- sciatica
- separation of the rectus muscles
- separation of the symphysis pubis
- skin disorders/ athletes foot
- twins or more! *
- varicose veins
- visual disturbances *
- previous cesarean birth
- contagious conditions
- muscle sprain / strain
- heart attack / stroke
- arthritis
- carpal tunnel syndrome
- allergy to nut oils
- low blood pressure
- bursitis
- hypo or hyperglycemia
- contact lens
- other conditions or problems in current or past pregnancy _____



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Anything else you would like me to know?

I am experiencing a low risk / high risk (circle one) pregnancy according to my doctor/midwife. If I am currently having or develop complications (any conditions/symptoms listed above with *) I will discuss the condition with my massage therapist, and will have a medical release for bodywork signed by my prenatal care provider before continuing bodywork. I have completed this health form to the best of my knowledge. I understand that Bodywork is a health aid and does not take the place of a physician's care. Any information exchanged during a Massage or Bodywork session is confidential and is only used to provide you with the best health care services.

If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance. If I miss a scheduled appointment without giving 24 notice, I agree to pay any missed appointment charge.

I am responsible to pay for any Massage or Bodywork fees not paid for by my insurance company.

Name (signature) _____ Date _____