Pregnancy Massage In-take and Release Form

Date: _____ **Client Name:**_____ **Trimester:**_____ **Weeks:**_____ **Due Date:**_____

Permission to contact if necessary?

Prenatal Care Provider / Doctor:_____ **Provider's Phone Number:**_____ ☐ **Yes** ☐ **No**

Is this your first pregnancy? ☐ **Yes** ☐ **No** **If "No", have you ever had any complications during previous pregnancies?** ☐ **Yes** ☐ **No**

Please place a check mark in the box next to any of the complications or symptoms you are currently having or have experienced in the past, during pregnancy.

- ☐ **History of Miscarriage**
- ☐ **Gestational Diabetes**
- ☐ **Cardiac, Pulmonary, Liver, or Renal Disorder / Issues**
- ☐ **Pitting Edema, Sudden Edema / Swelling**
- ☐ **Epilepsy or other Convulsive Disorder**
- ☐ **Placental or Cervical Dysfunction**
- ☐ **Severe Abdominal Pain**
- ☐ **Leaking of Amniotic Fluid**
- ☐ **Fever, Diarrhea, Severe Nausea or Vomiting**
- ☐ **Preeclampsia**
- ☐ **History of High Risk Pregnancy**
- ☐ **Uncontrolled / Extreme Hypertension**
- ☐ **Genetic Abnormalities**
- ☐ **Fetal Growth Retardation**
- ☐ **Bloody Discharge**
- ☐ **Decrease in Fetal Movement over 24 hr period**
- ☐ **Severe Headaches**
- ☐ **Sudden Weight Gain**

If you checked anything above, it may contraindicate massage therapy at this time, OR, it may require the Therapist to modify the massage session and also might require a Doctor's Release to provide massage services. Please briefly explain below:

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If your <u>current</u> pregnancy is classified as "High Risk", a Doctor's release must be provided prior to any Massage Therapy Services at this office.

Have you ever had Professional Massage Services performed during pregnancy in the past? ☐ **Yes** ☐ **No**

I, <u>(Print Name):</u>_____, have reviewed all of the above conditions and circumstances which might potentially contraindicate massage services while pregnant. I have been given opportunity to discuss the circumstances of my pregnancy with the Therapist and have disclosed all known circumstances, to include any "High Risk" circumstances. If I return for follow-on sessions, I agree to disclose any new developments with my pregnancy, that might contraindicate continued massage therapy, and provide any requested Doctor's Release if deemed necessary by the Therapist. In addition, I release the Therapist (Kevin Tomford) and/or Kevin's Traveling Touch, from any liability for any harm that may unintentionally occur during my treatment (s).

Signature:_____