East Windsor, NJ 08520
www.MendYourBodyMassage.com
Mendyourbodymassage@gmail.com
Phone: 609-865-4585 Fax: 609-371-2503

Prenatal Add On Form

Contact Information

Date: _____

Name: _____ Phone Number: _____

Date of Birth: _____ Email: _____

In Case of Emergency, contact: _____ Relationship: _____

Emergency Contact Telephone: _____

Pregnancy History

Prenatal Care Provider: _____

Telephone Number: _____

Do I have permission to contact your Care Provider? No ☐ Yes ☐

My due date is_____

I am currently _____ (number) weeks pregnant.

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

I am experiencing a low risk ☐ high risk ☐ pregnancy.

1. Have you received Massage Therapy or Bodywork before the pregnancy? No ☐ Yes ☐

   If Yes, what kind? _____

   When was your most recent session? _____

2. Have you received Prenatal massage during this pregnancy? No ☐ Yes ☐

   If Yes, when was your most recent session? _____

3. What are you experiencing that you want worked on the most? _____

_____

_____

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

___ Anemia
___ Leaking amniotic fluid*
___ Uterine bleeding*
___ Blood clot or phlebitis*
___ Chronic hypertension*
___ Abdominal cramping*
___ Diabetes (gestational or mellitus)
___ Fever
___ Fatigue
___ Headaches
___ Insomnia
___ High blood pressure*
___ Low blood pressure
___ Edema/swelling
___ Leg cramps
___ Miscarriage
___ Nausea/vomiting (morning sickness/other)
___ Problems with placenta*
___ Pre-term labor*
___ Preeclampsia (toxemia)*
___ Sciatica
___ Twins or more*
___ Varicose veins
___ Previous cesarean birth
___ Hypo or hyperglycemia
___ Other conditions or problems in current or past pregnancies: _____
_____

Anything not mentioned thus far that you feel is important? _____
_____
_____
_____

Please read the following statement carefully, then sign below.

I have discussed prenatal massage with my prenatal care provider before receiving any bodywork. If my prenatal care provider has any questions, they will contact Mend Your Body Massage LLC and discuss the concerns. By signing below, I hereby give written permission to Mend Your Body Massage LLC to discuss and release any relevant information concerning my session with my prenatal care provider.

If I am currently having or develop complications (any condition/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. I understand and agree that I am receiving massage therapy entirely at my own risk. In the event that I or any potential child I am carrying become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy, I hereby hold harmless and indemnify the therapist, her principals, and agents from all claims and liability whatsoever. Any information exchanged during a massage or bodywork session is confidential and is only used to provide the best health care services.

I have carefully read and understand all of the above and I have answered all questions fully and accurately.

Client signature_____ Date_____