East Windsor, NJ 08520
www.MendYourBodyMassage.com
Mendyourbodymassage@gmail.com
Phone: 609-529-1094 Fax: 609-371-2503

Prenatal Form

Contact Information

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City, State, Zipcode: _____

Home Number: _____ Cell Number: _____

Email Address: _____

In case of Emergency, contact: _____ Relationship: _____

Emergency Contact Telephone: _____

How did you learn about me? _____

Pregnancy History

Prenatal Care Provider (Midwife/Doctor:_____

Telephone: _____

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

My due date is_____.

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

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

I am experiencing a low risk / high risk (circle one) pregnancy according to my midwife/doctor.

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

   If yes, what kinds?_____

2. Have you received Massage Therapy or Bodywork during this pregnancy? Yes No

3. Are you on any medication? Yes No

   If yes, which ones? Any side effects? _____

4. Do you exercise? Yes No

   If yes, what kinds? _____ Times per week? ____ For how long? _____

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)
___ Edema/swelling
___ Fever
___ Fatigue
___ Headaches
___ Insomnia
___ High blood pressure*
___ Low blood pressure
___ 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 pregnancy: _____

Anything else you would like me to know? _____

_____

_____

Please read the following statement carefully, then sign below.

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 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 you with the best health care services.

If I am not able to make a scheduled appointment, I agree to cancel the appointment 12 hours in advance. If I do not cancel the appointment before 12 hours, I agree to pay half of the appointment fee. If I miss a scheduled appointment without any notice, I agree to pay 100% of the appointment fee.

Client signature_____ Date_____