PREGNANCY MASSAGE HEALTH INTAKE

Name_____Date_____

Address_____Phone_____

Date of Birth_____ Do you receive text on this phone?_____

Email_____Who referred you?_____

Would you like to receive occasional emails for massage specials?_____

Emergency Phone Contact: _____Phone_____

Prenatal Care Provider:_____

My due date is _____

This is my _____(1st, 2nd, 3rd, etc) pregnancy, and_____(1st, 2nd, 3rd)birth
I am_____(Number) weeks pregnant in my (1st, 2nd, 3rd, trimester)_____

Please check √ current conditions/complaints. Mark with + if you had in the past.

___Anemia
___Allergies _____
___ Skin disorders/Athletes Foot
___Back Surgery or back injury
___Spinal Disc Issues
___Broken bone
___Low back pain/Hip pain
___Leg cramps
___Fibromyalgia
___Bladder or kidney infection
___Heartburn
___Insomnia
___Carpal Tunnel Syndrome
___Separated Pubic Symphysis
___Separated Abdominal Muscles
___Dizziness
___Cancer
___Sciatica
___Previous cesarean birth
___Visual disturbances*
___Varicose veins
___Shoulder issues_____
___Any other concerns?_____

___Luus or other autoimmune condition
___Preeclampsia*
___Chronic High Blood pressure*
___High Blood Pressure only w/Pregnancy
___Connective Tissue disorder
___Bleeding (uterine)
___Abdominal cramping*
___IVF/Fertility Treatment in this pregnancy
___Previous high risk pregnancy
___Miscarriage*
___Seizures
___Headaches
___Pre-Term labor*
___Abdominal cramping*
___Diabetes (Gestational or Mellitus)
___Nausea
___Round ligament pain
___Leaking Amniotic Fluid*
___Twins or more *
___Placental Issues*
___Recent Airplane Travel
___Blood Clot*//Blood clotting disorders
___*Family* history of blood clots/clotting disorders

Any regular medications:_____

*I verify I am experiencing **a low risk // high risk (circle one)** pregnancy according to my doctor/midwife. If I have or if I develop complications or conditions/symptoms listed above I will Inform Leslie before our session. I will notify Leslie at least 24 hours ahead of cancellation of a session or will be charged for the missed session. If I have symptoms of a cold or if I may be incubating a respiratory infection/cold/flu, I will inform Leslie—and session may be rescheduled.*

SIGNED_____