

Loving My Pregnancy

Prenatal and Postnatal Massage/Reflexology Client Information & Release Form

Welcome to Loving My Pregnancy. The following questions will assist us with your health concerns for both you and your baby during pregnancy as well as during the postpartum months after labor. Please notify us of any changes that seem concerning so we can adjust your sessions accordingly. This will help insure safe, relaxing, and, supportive sessions each and every time. **Please print clearly.** ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.

Name _____ Birth Date ____/____/____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Cell# _____ Emergency Contact _____ Phone# _____

E-Mail _____ Occupation _____

Name of Doctor/Midwife/Clinic _____ Phone# _____

Is your provider aware you are receiving a massage and /or do you have a physician's note? YES NO

Expected Due Date _____ #of Weeks Pregnant _____ **OR** Post-partum how many weeks _____

1) Is this your 1st pregnancy? YES NO If no, how many other pregnancies including this one? _____

2) Have you had any complications with this pregnancy? YES NO If yes, please explain.

3) Any concerns I should know about? YES NO If yes, please explain.

4) Do you have a history of miscarriage or infertility? YES NO If yes, please explain.

5) Have you received massage therapy before this pregnancy? YES NO If yes, please explain how often and what kind you enjoyed.

6) Are you on any medication? YES NO If yes, please list.

Please mark **H** for **History** and **P** for **Present**:

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

Please feel free to tell me anything else you can think of that will help me understand your pregnancy and physical health. It is important to keep the lines of communication open, especially as your body grows and changes. Please let me know if there is anything I can do to better meet your needs!

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 or reflexologist and will have a medical release for massage signed by my prenatal care provider before continuing massages.

If I am not able to make a scheduled appointment, I agree to cancel the appointment 12 hours in advance. If I miss a scheduled appointment without giving 12 hours notice, I agree to pay a cancellation fee of 1/2 of the service scheduled.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, have made a voluntary request to participate in a prenatal or postnatal massage or reflexology at Loving My Pregnancy, Inc., and, I do hereby agree to the following:

1. I understand the above information, to the best of my knowledge, is correct. I understand massage/reflexology is a health aid and does not take the place of a physician's care. I understand I will be receiving massage / reflexology therapy for the purpose of stress reduction, relief from muscle tension or spasm, or for increasing circulation and energy flow. I understand the massage therapist/reflexologist does not diagnose illness, and, as such, the massage therapist/reflexologist does not prescribe medical treatment. I am aware this massage/reflexology is not a substitute for medical examination or diagnosis, and, that it is recommended I see a physician for any ailment I might have. I understand and agree I am receiving massage therapy/reflexology entirely at my own risk. In the event I become injured, either directly or indirectly as a result, in whole or in part, or the aforesaid massage therapy/reflexology, I HEREBY HOLD HARMLESS AND INDEMNIFY THE THERAPIST, HER PRINCIPALS, AGENTS, AND, LOVING MY PREGNANCY FROM ALL CLAIMS AND LIABILITY WHATSOEVER.

2. I will advise my therapist if my health status changes throughout the pregnancy.

3. I understand it is my responsibility to consult with a physician prior to and regarding my participation in this massage therapy/reflexology.

4. I FURTHER AGREE THAT FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS AND ASSIGNS TO HOLD HARMLESS AND INDEMNIFY ALL MASSAGE THERAPIST/REFLEXOLOGIST EMPLOYED BY LOVING MY PREGNANCY, INC AND LOVING MY PREGNANCY, INC AGAINST ANY AND ALL LIABILITY, CLAIMS, CAUSES OF ACTION, SUITS, DAMAGES OF EXPENSES OF ANY KIND AND NATURE INCURRED OR ARISING BY REASON OF ANY ACTUAL OR CLAIMED NEGLIGENCE OR WRONGFUL ACT OR OMISSION BY ME WHILE PARTICIPATING IN SUCH THERAPY.

I represent that I have carefully read, understand, and, agree to the contents of this Release and Consent and signed at my own free will.

CAUTION: READ THIS DOCUMENT IN FULL BEFORE SIGNING

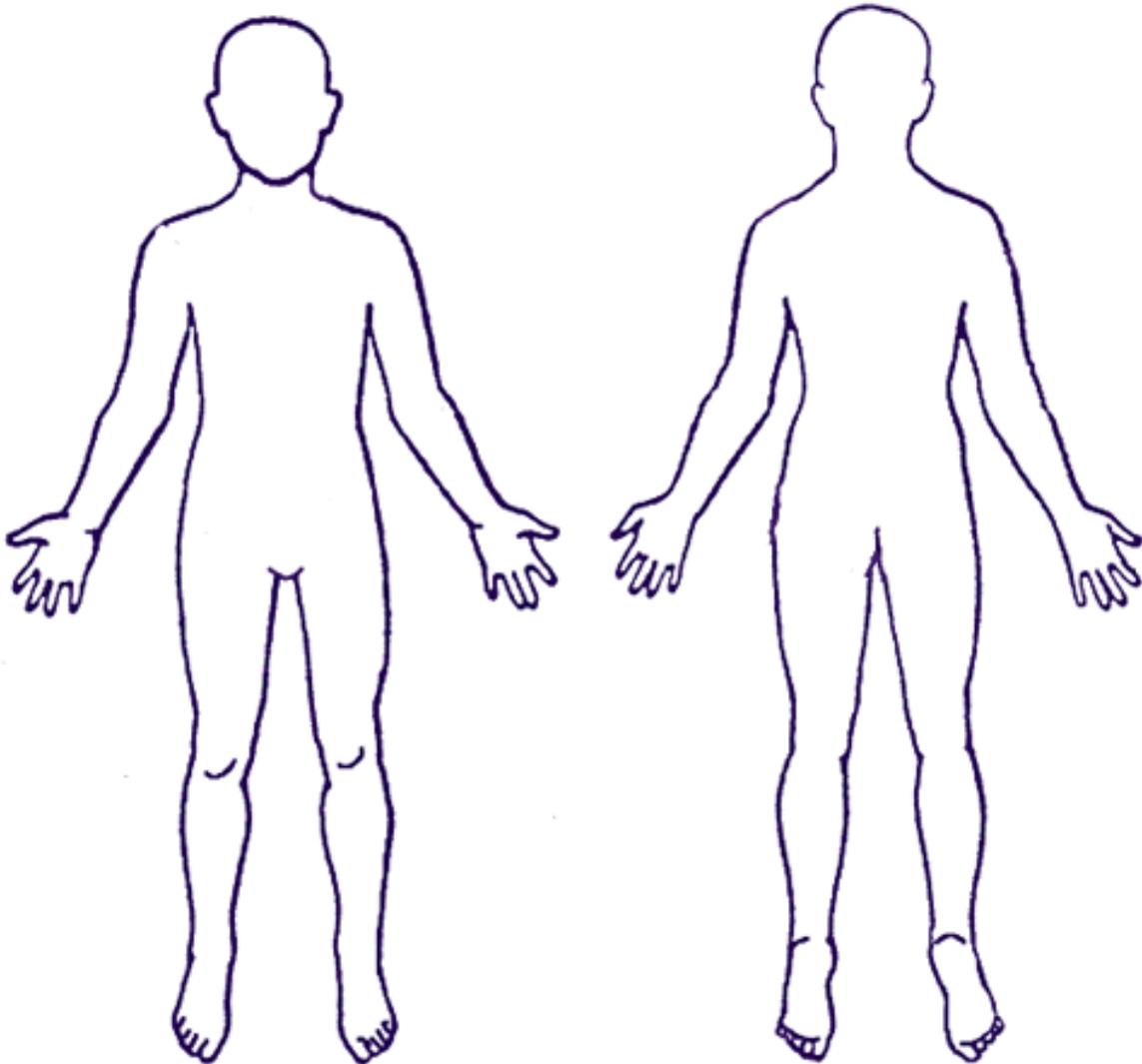
Name (Please Print)

Signature of Participant

(month/day/year)

Prenatal and Postnatal Massage Client Intake Form

Circle areas of complaint (if any).



Practitioner Notes: _____
