

CLIENT INFORMATION - PREGNANCY MESSAGE RELEASE FORM

Personal Information

Name: _____ Date: _____ Date of Birth: _____
 Address: _____ City: _____ State _____ Zip _____
 Phone: _____ Occupation: _____ Email: _____
 Emergency Contact Name and Phone: _____
 Ob/Gyn/Midwife Name and Phone: _____
 How did you hear about us? (*Online search, gift certificate, social media, name of referrer - so we can thank them, other?*)

Health Information

Due Date: _____ OR How Many Weeks Postpartum: _____

Do you have any complications or medical issues with your pregnancy? Yes / No

If yes, please describe:

Have you been pregnant before? Yes / No

Do you have any swelling? Yes / No / Sometimes

Do you have any changes in your veins? Yes / No

If yes, where: _____

Please check any pregnancy related contraindications that you have been or are currently being treated for:

- | | |
|--|--|
| <input type="checkbox"/> Any vaginal bleeding or discharge | <input type="checkbox"/> Fevers |
| <input type="checkbox"/> Flu, Acute illness | <input type="checkbox"/> Decreased fetal movement over a 24-hour period |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Pain in abdomen that is new and unexplained |
| <input type="checkbox"/> Excessive swelling in arms, legs, or face | <input type="checkbox"/> Any pitting edema |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Rashes or local skin infections |
| <input type="checkbox"/> Deep vein thrombosis | <input type="checkbox"/> Diagnosed incompetent cervix |
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Pregnancy Induced Hypertension (PIH) |
| <input type="checkbox"/> Premature rupture of membranes | <input type="checkbox"/> Premature labor |
| <input type="checkbox"/> Placental Abnormality | <input type="checkbox"/> History of miscarriage or pregnancy complications |

Please check any other conditions that you have been or currently being treated for:

- | | |
|--|--|
| <input type="checkbox"/> Allergy to Latex | <input type="checkbox"/> Allergic to Perfumes |
| <input type="checkbox"/> Uncontrolled blood pressure | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Controlled High Blood Pressure | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Skin Sensitivity | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Dizziness/Vertigo | <input type="checkbox"/> Tinnitus (ringing in the ears) |
| <input type="checkbox"/> TMJ Dysfunction | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Bunions | <input type="checkbox"/> Neurological Disorder (specify) |
| <input type="checkbox"/> Chronic Muscle Pain | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Acute Muscle Pain/Spasm | <input type="checkbox"/> Anatomically Short Leg |
| <input type="checkbox"/> Spinal Subluxation (chiropractic) | <input type="checkbox"/> Fused Vertebrae (specify) |
| <input type="checkbox"/> Other (please specify) _____ | |

Please describe anything you would like to address in the session today, and/or any areas of concern:

List any musculoskeletal surgeries and severe injuries you have had: _____

List any other surgeries and severe injuries you have had: _____

List all medications you are currently taking and what you are taking them for: _____

Why are you here for a massage today?

- Just to relax
- Referral from a friend
- Injury Prevention (increase range of motion, joint mobility)
- Chronic or Acute Pain/Spasms
- Doctor or Chiropractic Referral
- Other? _____

What areas of your body need specific attention? _____

What did you like or dislike about previous massages? _____

Are you comfortable letting your therapist know if you have concerns about pressure, temperature or anything else during your session? _____

*****Please take a moment to carefully read the following information and sign where indicated*****

Pregnancy Massage Information and Informed Consent

Massage during pregnancy provides many benefits; It enhances circulation, supporting the work of your heart, and increasing the oxygen and nutrients delivered to your baby. It can relieve the sensation of heaviness and aching in your legs caused by swelling or varicose veins. It can optimize your muscle tone and function, relieve muscle strain, and fatigue, and reduce strain in your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you are currently having or developing complications, please contact your medical provider as soon as possible. If you have been told that your pregnancy is high-risk, please notify the therapist. A medical release signed by your prenatal care provider may be required before continuing massage therapy services.

Please read and sign the acknowledgement.

I verify that I am experiencing a low-risk/high-risk (circle one) pregnancy as determined by my Ob/Gyn/Midwife and have stated all of my known medical conditions. I understand that I will be receiving massage therapy for the purpose of stress reduction, relief from muscle tension or spasm, and/or for an increase in circulation and energy flow. I understand that the massage therapist does not diagnose illness, and, as such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulation. I am aware that this massage is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I may have. I understand and I 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, their principals, and agents from all claims and liability whatsoever.

Aches Away may request credit card information to hold appointments in situations where clients have missed appointments and do not call to cancel within 24 hours.

Signed: _____

Date: _____