



Healing Melody Therapeutic Massage

PREGNANCY MASSAGE INTAKE FORM

Name: _____ Age: _____ Date: _____

Week of Pregnancy: _____ Expected Due Date: _____

Physician: _____ Phone: _____

May we contact if necessary regarding your care? **Y** **N**

Please check any complication or condition you may have experienced during this pregnancy:

- Multiple pregnancy (twins)
- Varicose veins
- Gestational diabetes
- Phlebitis
- Placental dysfunction
- Leg cramps
- High blood pressure
- Low blood pressure
- Dizziness/fainting
- Nausea/Vomiting
- Diarrhea
- Restless legs
- Preeclampsia
- Headaches
- Threatened miscarriage
- Spotting/Bleeding
- Heartburn
- Premature labor
- Indigestion
- Heart disease
- Constipation
- Bladder infection
- Kidney damage
- Hemorrhoids
- Swollen hands, legs and/or feet
- Blood clots
- Difficulty sleeping

Have you been told you are experiencing a High Risk Pregnancy? **Y** **N** Anything else you want us to know about your pregnancy? _____

Benefits of Prenatal Massage:

First Trimester

- Alleviate morning sickness
- Relieve headaches
- Reduce fatigue
- Increased energy

Second Trimester

- Alleviate leg cramps
- Alleviate back aches

Third Trimester

- Improve Sleep
- Increased blood flow
- Improve lymph circulation
- Reduce water retention
- Increase skin elasticity
- Reduce stress on over-worked joints
- Prepare pelvic muscles for birthing

Pregnancy Massage Information and Informed Consent

In addition to the above listed benefits, Prenatal Massage; 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.

Please read and sign the acknowledgment below:

I have received and read written information concerning the possible benefits prenatal massage therapy. **I verify that I am experiencing a low-risk pregnancy**, 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 does she perform any spinal manipulations. 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.

Print Name: _____

Signature _____ Date: _____

