



Pregnancy Massage Health Questionnaire

Name: _____

Birth Date: ____/____/____

Due Date: ____/____/____

I am having a boy girl surprise

Prenatal Care Provider: _____ Provider's Phone #: _____

- 1. May we contact your prenatal provider if necessary? NO YES
2. Date of last prenatal exam: ____/____/____
3. Is this pregnancy a result of IVF or other fertilization treatment? NO YES
4. Is this pregnancy considered high risk? NO YES
5. Is this your first pregnancy? YES NO, what was the date of previous birth ____/____/____

Please mark any complications during current (C) pregnancy or past (P) pregnancies.

Table with 3 columns: C | P, C | P, C | P. Rows include: Received pregnancy massage, Premature labor/delivery, Miscarriage, Still birth, Multiple pregnancy (twins), Cramping, Spotting, Nausea, Indigestion, Vomiting, Headaches, Excessive fatigue, Insomnia, Hemorrhoids, Swollen hands/feet, Kidney/ bladder infection, Vaginal infection, Incontinence, Anemia, High blood pressure, Pre-eclampsia, Gestational diabetes, Toxemia, Placental dysfunctions, Mood swings, Food cravings, Post-partum depression, Cesarean delivery.

- 6. Please List any areas where you have tension or discomfort: _____
7. Is there anything else the therapist should know about your pregnancy? _____

I verify that I have been informed of the possible benefits and contraindicated conditions for massage therapy during pregnancy and postpartum. I will discuss with my physician/certified prenatal healthcare provider any health concerns that I have about massage therapy.
I have noted on the page all prenatal complications, risks or conditions that I am currently experiencing or have experienced and take it upon myself to keep the massage therapist updated on changes in my health.
I understand that I will be receiving massage therapy as a form of adjunctive healthcare and that the massage therapy I receive is not a substitute for obstetric prenatal care from a medical doctor or other licensed provider. I hereby release and hold harmless and fend the practitioners from any claims, liability, demands and causes of action arising from my and my child's participation in this therapy.

Signature: _____ Date: _____