

## Damselfly Massage Prenatal Massage Intake Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you received a professional massage before: \_\_\_\_\_ If so, how long ago?

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Are you currently taking medication?:

Yes

No

If yes, please list which medications: \_\_\_\_\_

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Have you experienced any serious or chronic illnesses, injuries, or surgeries?:

Yes

No

If you answered "yes" to the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prenatal Care Provider / Doctor \_\_\_\_\_

Provider's Phone Number \_\_\_\_\_

May I contact?

Yes

No

Due Date \_\_\_\_\_

How many weeks pregnant will you be as of your massage appointment date? \_\_\_\_\_

Are you experiencing a high-risk pregnancy according to your doctor/prenatal care provider?

Yes

No

If you answered "yes" to the above, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check any current issues you are experiencing during this or earlier pregnancies:

- |  |  |
|--|--|
| <input type="checkbox"/> Anemia                  | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Leaking amniotic fluid  | <input type="checkbox"/> Edema/swelling      |
| <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Fatigue             |
| <input type="checkbox"/> Uterine bleeding        | <input type="checkbox"/> Headaches           |
| <input type="checkbox"/> Blood clot              | <input type="checkbox"/> Insomnia            |
| <input type="checkbox"/> Phlebitis               | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Abdominal cramping      | <input type="checkbox"/> Leg cramps          |

- |  |  |
|--|--|
| <input type="checkbox"/> Miscarriage                       | <input type="checkbox"/> Visual disturbances     |
| <input type="checkbox"/> Nausea                            | <input type="checkbox"/> Previous cesarean birth |
| <input type="checkbox"/> Problems with placenta            | <input type="checkbox"/> Contagious conditions   |
| <input type="checkbox"/> Pre-term labor                    | <input type="checkbox"/> Muscle sprain/strain    |
| <input type="checkbox"/> Preeclampsia                      | <input type="checkbox"/> Heart attack            |
| <input type="checkbox"/> Sciatica                          | <input type="checkbox"/> Stroke                  |
| <input type="checkbox"/> Separation of the rectus muscles  | <input type="checkbox"/> Arthritis               |
| <input type="checkbox"/> Separation of the pubic symphysis | <input type="checkbox"/> Carpal Tunnel Syndrome  |
| <input type="checkbox"/> Skin disorders                    | <input type="checkbox"/> Allergy to nut oils     |
| <input type="checkbox"/> Athlete's foot                    | <input type="checkbox"/> Sensitivity to scents   |
| <input type="checkbox"/> Twins or more                     | <input type="checkbox"/> Low blood pressure      |
| <input type="checkbox"/> Varicose veins                    | <input type="checkbox"/> Bursitis                |
|  | <input type="checkbox"/> Hyper or hypoglycemia   |

**Any other conditions or problems in current or past pregnancy?**

Yes

No

**If yes, please explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I have completed this intake form to the best of my knowledge. If I am currently having or develop complications with my pregnancy, I will discuss the complications with my massage therapist and will have a medical release for massage signed by my prenatal care provider before continuing bodywork. I understand that my massage therapist is not a doctor and cannot diagnose conditions. I understand that massage is a health aid and does not take the place of a physician's care. Any information exchanged during a bodywork session is confidential and is only used to provide you with the best massage and bodywork services. If I am unable to make a scheduled appointment, I agree to cancel the appointment at least 4 hours in advance. If I do not give four hours advance notice, I agree to pay any missed appointment charge. I understand that I am responsible to pay for my**

message session in full at the end of the session. Please sign your name below to agree with the above statements.

X: \_\_\_\_\_ Date: \_\_\_\_\_