Motherhood Massage Consent

Client Name_____ Date_____
Prenatal Care Provider/Doctor_____
Telephone _____
May I have permission to contact your Care Provider? _____
My due date is_____.
This is my _____(number 1st, 2nd, etc.) pregnancy.
This will be my_____ (number 1st, 2nd…) birth.
I am ____(number) weeks pregnant in my ____ (1st, 2nd, 3rd) trimester _____ Age

Please check (√) current problems, mark with (+) if you had in the past :

___ blood clot or phlebitis *
___ abdominal cramping *
___ leaking amniotic fluid *
___ pre-term labor *
___vaginal bleeding *
___ preeclampsia (toxemia),seizures *
___ problems with placenta *
___ anemia/dizziness
___ bladder infection
___ diabetes (gestational or mellitus)
___ edema/swelling
___ headaches
___ insomnia
___ high blood pressure
___ leg cramps
___ shortness of breath
___ nausea
___ history of miscarriage
___ sciatica
___ skin disorders/ athletes foot
___ twins or more
___ varicose veins
___ muscle sprain / strain
___ history of a heart attack / stroke
___ allergy to nut oils
___ low blood pressure
___ seizures
___ contact lens
___ other conditions or problems in current or past pregnancy_____
_____
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, and will have a medical release for bodywork signed by my prenatal care provider before continuing bodywork.

I have completed this health form to the best of my knowledge. I understand that Bodywork is a health aid and does not take the place of a physician's care. Any information exchanged during a Massage or Bodywork session is confidential and is only used to provide you with the best health care services.

Name (Print) _____

Name (signature) _____ Date _____

*Updated August 2016