

# Prenatal Massage Therapy In-Take Form

## Personal Information

Today's Date \_\_\_\_\_  
Name \_\_\_\_\_ D.o.B \_\_\_\_\_  
Address \_\_\_\_\_ Email: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best Telephone No. \_\_\_\_\_  
Emergency Contact/Phone Number \_\_\_\_\_  
Stress Level (1-low - 10-high) \_\_\_\_\_  
Do you exercise? \_\_\_\_\_ How often? \_\_\_\_\_ What type? \_\_\_\_\_  
How did you hear about me? \_\_\_\_\_

## Medical History

What week of your pregnancy are you in? \_\_\_\_\_ Due Date \_\_\_\_\_  
Health Practitioner's Name \_\_\_\_\_  
Medications, supplements currently taking? \_\_\_\_\_  
\_\_\_\_\_  
Current Health Issues? ( Please review list of contraindications to prenatal  
massage) \_\_\_\_\_  
Is your pregnancy considered high risk? \_\_\_\_\_  
Past surgeries? \_\_\_\_\_  
\_\_\_\_\_  
Any Allergies? \_\_\_\_\_

## About Prenatal Massage

Have you ever had a prenatal massage? \_\_\_\_\_ Date of last treatment \_\_\_\_\_  
If yes, was there anything you particularly liked/ disliked about it?  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently experiencing any areas of tension/ pain in your body?  
\_\_\_\_\_  
\_\_\_\_\_

Any areas of your body you wish NOT to have massaged? \_\_\_\_\_

Is there anything else you feel would be helpful for me to know?

## Rates & Policies

### Massage/ Craniosacral Therapy

Initial Appts. minimum 90mins \$160

General 60 minutes \$120 75minutes \$140 90 minutes \$160

\*Home Visits for massage are available only under extenuating circumstances such as bed rest, hospital rest, etc.

60 min. \$175

90 min. \$250

In-home Infant CST session 60min. Sliding Scale \$150-\$200

### Partner Instruction for Prenatal Support at Home

90min. \$190

### Payment of Services

Payment is due at the time of service. Cash, check and credit cards accepted. A returned check will result in a \$25 fee.

### Arriving Late

In the event that you arrive late for your treatment, you will be given the remaining time allotted for your session. You will be charged the full price of your session. It is my hope that you will be on time for your session so that you may receive full benefit.

### Cancellations

I require 24 hours notice of cancellations or appointment rescheduling. If 24 hours notice is not given, you will be charged the full fee of your treatment. This does not apply to expectant mother's in cases of medical emergency or labor but must be accompanied by a doctor's note to avoid being charged.

Please sign below stating that you understand and agree to adhere to the policies listed above.

Name \_\_\_\_\_ Date \_\_\_\_\_

Thank you for allowing me to support you during this amazing time of transition and anticipation. It is my intention to provide you a safe and nurturing experience during or after your pregnancy.

#### General Information

Massage therapy during pregnancy or postpartum is not intended to replace prenatal and postpartum care. Used as a form of adjunctive healthcare, potential benefits are:

- ✓ Reduces stress and promotes relaxation and normal blood pressure
- ✓ Relieves muscle spasms, cramps and myofascial pain, especially in the back, neck, hips and legs. ✓ Increases blood and lymph circulation and supports the physiological processes of pregnancy ✓ Reduces stress on weight-bearing joints and eases musculoskeletal strain and pain
- ✓ Provides emotional support and physical nurturance
- ✓ Enhances a woman's kinesthetic awareness and her ability to relax deeply which may be helpful during labor
- ✓ Offers labor supportive techniques that may increase comfort during labor
- ✓ Promotes shorter, less painful labors and reduction of complications, including prematurity and interventions
- ✓ Assists postpartum restoration of abdomen and weight-bearing muscles and joints
- ✓ Provides new mothers postpartum support with the physical and emotional aspects of infant care ✓ Promotes healing, including post-cesarean scars

#### High Risk Pregnancies

Pregnancy massage is beneficial even if you are experiencing a high risk pregnancy.

The following are some conditions I need to be aware of in order to modify your treatment in the best interest of you and your baby. If you have any of the following conditions, please discuss your wish to receive prenatal massage with your healthcare provider and obtain his or her written consent, along with any applicable modification recommendations.

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#### High Risk Factors (Please check all that apply)

- Pre-pregnancy diabetes       Genetic disorder/ DES exposure/ Uterine abnormalities
- Cardiac disorders       Hypertension/ high blood pressure       Thyroid disorder
- Multiple Pregnancy       Asthma       Rh negative       Drug/ Alcohol use
- Previous complications of pregnancy       Renal/ liver/ blood/ convulsive disorders

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#### Pregnancy Complications (Please check all that apply)

- Gestational Diabetes       Fetal development complications       Anemia
- Threatened miscarriage       Early labor       Placental dysfunctions
- Cesarean birth (previous or planned)       Pregnancy-induced hypertensive disorders (preeclampsia/ eclampsia/ toxemia)

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#### Non- Pregnancy Related Complications (Please check all that apply)

- Cancer or undiagnosed lumps
  - Infection
  - Autoimmune disorder
  - Other:
- Contraindicated for affected areas only:
- Severe varicose veins       Skin irritations/ discharge
  - Thrombophlebitis       Fracture/ bleeding, burns, other acute injury

Release for Therapeutic Massage During Pregnancy

I verify that I have been informed of the possible benefits and contraindicated conditions for massage therapy during pregnancy. I will discuss with my physician/certified healthcare provider any health concerns that I have about massage therapy. I further verify that: (check one)

\_\_\_\_\_ I have not had nor do I now have any prenatal complications nor any of the conditions listed on the previous page.

\_\_\_\_\_ I have noted on the previous page all prenatal complications, risks, or conditions I am/ have experienced AND I have obtained  
my maternity healthcare provider's release.

I understand that I will be receiving massage therapy and bodywork as a form of adjunctive health care only and that the massage therapy I receive is not a substitute for obstetric prenatal or perinatal care from a medical doctor or other licensed provider.

I hereby release and hold harmless and defend the practitioner from any claims, liability, demands and causes of action arising from my participation in this therapy.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_  
Print Name: \_\_\_\_\_

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Release with Care Provider Consent for Therapeutic Massage During Pregnancy

Dear Care Provider,

Your patient, \_\_\_\_\_, has requested prenatal therapeutic massage. Therapeutic massage during pregnancy is provided as adjunctive health care by a massage therapist who has been certified in Pre- and Perinatal Massage Therapy (certification requires completion of a comprehensive hands-on training program as well as passing both a written & practical exam).

It is my policy to work with prenatal clients who are experiencing or exhibiting potential contraindications and/ or whose pregnancy is considered high risk only with written express consent of the treating health care provider. I ask that you give your permission, stating any specific limitations or precautions that you feel appropriate for this client.

Please verify your clearance of this request by your signature below. This verification can be modified or withdrawn at any time should your patient's health status change. I welcome this opportunity to work with you providing prenatal care to your patient. Thank you for your time and assistance.

Patient's pregnancy is: \_\_\_\_\_ low risk \_\_\_\_\_ high risk  
Specific limitations or precautions:

You may contact me directly for clarification or concerns regarding this patient. \_\_\_\_\_ yes \_\_\_\_\_ no  
Signature:\_\_\_\_\_ MD, DO, Midwife Date: \_\_\_\_\_  
Print Name:\_\_\_\_\_