

PREGNANCY MASSAGE CONSULTATION FORM

First Name: _____ M.I. _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ (Cell) _____ Date of Birth: _____

Employer: _____ Occupation: _____

Referred : _____ Email: _____

Delivery Due Date: _____ Obstetrician / Midwife: _____

Emergency contact: _____ Phone: _____ Relationship: _____

How you have felt (physically and emotionally) during this pregnancy: _____

Do you have any of the following conditions or symptoms?

- | | | |
|--|----------------|----------------------|
| Abdominal Pain (or unusual pain else where in your body) | Diarrhea | Preterm Labor |
| Vaginal Bleeding &/or Abnormal Discharge | Fever | High Blood Pressure |
| Decreased Fetal Movement in past 24 hours | Diabetes | Toxemia/Preeclampsia |
| Excessive Swelling of Hands, Legs and/or Face | Varicose Veins | |

(The above conditions are contraindicated for massage – If you marked any of them your therapist may need the approval of your physician to continue or may not be able to work on you at this time.)

Have you had any complications or abnormalities? _____ If yes, please describe: _____

If yes, do you have the approval of your midwife or physician to receive massage? _____

Have you had a professional massage before? . Yes . No If yes, how long ago? _____

Are you experiencing any tension or soreness in your muscles at this time? _____

If yes, please describe: _____

Are you sensitive to any scents or smells? _____

Would you like to have your abdomen massaged? yes no

Is there anything else you would like to discuss about your pregnancy? _____

TOM MARCHANT'S MASSAGE & BODY SPA

(469) 449-5727

The parts of the body that will be worked or the areas of the body that will be avoided are to be marked on the diagram on the right. **Circled** are the areas of the body that need the **most** attention, and an **"X"** are over the areas that are to be avoided.

Contraindications are listed below:



Information and Suggestions

- Prior to your massage, please remove all jewelry. Pull long hair back with a clip.
- As a rule, massage is given while you are unclothed. Modesty and comfort levels vary from person to person. You may choose to wear undergarments or a swim suit or nothing at all. This is YOUR massage and you should feel as comfortable as possible.
- Feel free to ask your massage therapist any questions about the procedure. Your massage therapist is a highly trained professional and will be happy to make you feel well informed and comfortable.
- Massage is indicated for stress reduction, relief from muscle tension or spasm and to increase the flow of circulation.

PLEASE INITIAL THE FOLLOWING STATEMENTS:

Initial

1. I am aware that draping will be used during the spa treatment, unless otherwise agreed to by me and my massage therapist. _____

___ I prefer draping over my body _____

___ I prefer no draping over my body _____

2. I understand that my massage therapist will not massage my breasts without my written consent. _____

I *give* / *do not give* consent for breast massage _____

3. I understand that my feedback is an essential element in my treatment; therefore for any reason should I become uncomfortable, I may bring it to my massage therapist's attention and request that the session end. _____

PLEASE READ THE FOLLOWING AND THEN SIGN BELOW

It is my choice to receive massage therapy, and I give my consent to receive treatment. I have reported all health conditions that I am aware of and will inform my practitioner of any changes in my health. I acknowledge that massage therapy is not a substitute for medical diagnosis and treatment.

Client Signature

Date

Massage Therapist Signature

Date