

# Oasis Massage

## Pre- & Post-Natal Massage Intake Form

Client Name: \_\_\_\_\_

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

How far along are you? \_\_\_\_ weeks       1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Trimester

I am experiencing a **low risk / high risk** (circle one) pregnancy according to my doctor/midwife.

Have you ever had a pregnancy massage before?  Yes  No

Have you ever been denied a massage treatment?  Yes  No

Please check current problems :

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> anemia   | <input type="checkbox"/> leaking amniotic fluid*          | <input type="checkbox"/> bladder infection*      |
| <input type="checkbox"/> uterine bleeding*  | <input type="checkbox"/> blood clot or phlebitis*         | <input type="checkbox"/> chronic hypertension*   |
| <input type="checkbox"/> edema/swelling   | <input type="checkbox"/> abdominal cramping*              | <input type="checkbox"/> gestational diabetes    |
| <input type="checkbox"/> fatigue  | <input type="checkbox"/> problems with placenta*          | <input type="checkbox"/> pre-term labor*         |
| <input type="checkbox"/> nausea   | <input type="checkbox"/> preeclampsia/toxemia*            | <input type="checkbox"/> previous cesarean birth |
| <input type="checkbox"/> leg cramps   | <input type="checkbox"/> twins or more!*                  | <input type="checkbox"/> miscarriage*            |
| <input type="checkbox"/> hypo/hyperglycemia   | <input type="checkbox"/> visual disturbances*             | <input type="checkbox"/> sensitivities to scents |
| <input type="checkbox"/> sciatica   | <input type="checkbox"/> separation of the rectus muscles |  |
| <input type="checkbox"/> separation of the symphysis pubis                                    |   |  |
| <input type="checkbox"/> any other conditions or problems in current or past pregnancy: _____ |   |  |
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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 the best care possible during the massage.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_