

MASSAGE SWAY

Prenatal Massage Form

Name _____ Age _____

Week of Pregnancy _____ Expected Due Date _____

Please mark any condition you have experienced during **this** pregnancy:

- | | |
|---|--|
| <input type="checkbox"/> Twins | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Placental Dysfunction | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Leg Cramps |
| <input type="checkbox"/> Pre-eclampsia | <input type="checkbox"/> Restless Legs |
| <input type="checkbox"/> Threatened Miscarriage | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Swollen Hands or Feet | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hemorrhoids |

Please indicate any areas where you have tension, discomfort, or pain

Is there any area on which you particularly want to focus in your massage session? Is there anything else you want to share about your health or pregnancy?

Informed Consent

I have received and read written information concerning the possible benefits of massage therapy during pregnancy. I verify that I am experiencing a 'low risk' pregnancy, and have stated all my known medical conditions. I understand that I will be receiving massage therapy for the purpose of stress reduction, relief from muscle tension, or for increasing circulation and energy flow I understand that the massage therapist does not diagnose illness, and, as such, the massage therapist does not prescribe medical treatments or pharmaceuticals, nor do they perform any spinal manipulations. I am aware that this massage is not a substitute for medical examination / diagnosis and that it is recommended that I see a physician for any ailment I might have. I understand and agree that I am receiving massage therapy entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claim and liability whatsoever.

Signature_____Date_____

Printed Name_____