

Utopic Therapeutic Massage & Skin Care, LLC

Prenatal Intake Form

Name: _____

BirthDay: ____/____

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

Phone Number: (____) _____ Referred By: _____

Email Address (if you want to receive monthly specials): _____

Week of Pregnancy _____

Due Date: _____

Physician Name: _____

Physician Phone: _____

Have you had previous pregnancies? Yes No

How Many? _____

Were there any complications? Yes No

If yes please explain: _____

Date Physician's Release Received: _____

Listed below are possible complications and conditions that may occur during pregnancy. These conditions are important for your massage therapist to be aware of, and your massage session may need to be adjusted to accommodate your specific condition(s). Please circle any and all of the following you have experienced during your current pregnancy.

Gestational Diabetes

Varicose Veins

High Blood Pressure

Leg Cramps

Pre-Eclampsia

Headaches

Threatened Miscarriage

Heartburn

Premature Labor

Indigestion

Hear Disease

Difficulty Sleeping

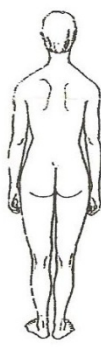
Swollen Hands and/or Feet

Pelvic Discomfort

Frequent Urination

Nausea/Vomiting (excessive)

Please indicate, on the pictures below, where you are experiencing the most discomfort, tension, or pain:



What is the goal for your massage session today? _____

Client Signature: _____ Date: _____