

Escape Haven Spa

Prenatal Massage Form

The following questions will assist me in being aware of any individual health concerns for both you and your baby during pregnancy as well as during the postpartum months after labor. Please notify me of any changes that seem concerning so I can adjust your sessions accordingly. This will insure for safe, relaxing and supportive sessions each and every time.

If a question does not pertain to you at this time, then please write **N/A** for your answer rather than leaving it blank.

Client Name: _____ Today's Date: _____

Name of Physician/Midwife and Phone Number: _____

Is your primary care physician aware you are receiving a massage or do you have a doctor's note? Yes No

of weeks into pregnancy? _____ Due Date: _____

Is this your first pregnancy? Yes No If no, how many other pregnancies including this one? _____

What delivery method did you use with your previous children? Vaginal C- Section

Did you use an epidural? Yes No Is this your first prenatal massage? Yes No

Birth support team: mark H if used before, mark P if using this pregnancy, and mark U if undecided:

Hospital _____ Birthing Center _____ Home birth _____

Pregnancy Difficulties: mark **H** for **History** and **P** for **Present**:

High-risk _____ Bed rest _____ Premature birth _____ Miscarriage _____ Heavy discharge _____ Diabetes _____
Contagious illness _____ Fever _____ Vomiting _____ Unusual pain _____ Preeclampsia _____ High blood pressure _____
Morning sickness _____ Abdominal pain _____ Diarrhea _____

What areas of the body would you like the therapist to focus on today?

Neck _____ Arms _____ Pecs _____ Legs _____ Abdomen _____ Head _____ Scalp _____ Back _____

Pregnancy Massage Information and Informed Consent

Massage during pregnancy provides many benefits. It enhances circulation, supporting the work of your heart, and increasing the oxygen and nutrients delivered to your baby. It can relieve the sensation of heaviness and aching in your legs caused by swelling or varicose veins. It can optimize your muscle tone and function, relieve muscle strain and fatigue, and reduce strain on your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you have been told that your pregnancy is high risk, please notify the therapist.

Please read and sign the acknowledgment below:

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 I 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 spasm, or for increasing circulation and energy flow. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I understand that the massage therapist does not diagnose illness, and, as such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor does she perform spinal manipulations. I am aware that this massage is not a substitute for medical examination or 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, her principals, and agents from all claims and liability whatsoever.

Print Name _____ Signature _____