



**Bellevue Pregnancy Massage / Bryant Chiropractic and Massage**  
**Kate Bryant, LMT**  
License Number: MA00021223, Certified in "Massage For The Childbearing Year"  
1150 140<sup>th</sup> Ave. NE, Suite 10, Bellevue, WA 98005  
**Phone:** 425 - 890 - 8983 **Fax:** 425 - 412 - 4949  
**e-mail:** kate@massagetherapy.com **website:** www.bellevuepregnancymassage.com

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Week of Pregnancy: \_\_\_\_ Due Date: \_\_\_\_\_ Last Menstrual Period: \_\_\_\_\_ Boy/Girl \_\_\_\_

Physician/ Midwife Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Where are you planning on giving birth (Name of hospital/birthing center/home)?

\_\_\_\_\_

Please check any complications or conditions you may have experienced in this pregnancy:

- |   |  |
|---|--|
| <input type="checkbox"/> Multiple pregnancy (twins, etc.) | <input type="checkbox"/> Varicose Veins            |
| <input type="checkbox"/> Gestational Diabetes             | <input type="checkbox"/> Phlebitis/ Blood Clots    |
| <input type="checkbox"/> Placental Dysfunction            | <input type="checkbox"/> Leg Cramps                |
| <input type="checkbox"/> High Blood Pressure              | <input type="checkbox"/> Restless Legs             |
| <input type="checkbox"/> Pre-eclampsia                    | <input type="checkbox"/> Headaches                 |
| <input type="checkbox"/> Threatened Miscarriage           | <input type="checkbox"/> Heartburn                 |
| <input type="checkbox"/> Premature Labor                  | <input type="checkbox"/> Indigestion               |
| <input type="checkbox"/> Heart Disease                    | <input type="checkbox"/> Constipation              |
| <input type="checkbox"/> Bladder Infection                | <input type="checkbox"/> Hemorrhoids               |
| <input type="checkbox"/> Swollen Hands and/or Feet        | <input type="checkbox"/> Nausea                    |
| <input type="checkbox"/> Shortness of Breath              | <input type="checkbox"/> Difficulty Sleeping       |
| <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> Fertility Treatments/ IVF |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any areas, on which you particularly want to focus in your massage session? Is there anything else you want me to know about your health or pregnancy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## **Pregnancy Massage Information and Informed Consent**

Massage during pregnancy provides many benefits. It enhances circulation, supporting the work of your heart, and increases 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 to your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you have been told your pregnancy is high-risk, please notify the therapist.

### **Please, read and sign the acknowledgement 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 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. I understand that the massage therapist does not diagnose illness and, as such the massage therapist does not prescribe medical treatment 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 that 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 hear by hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

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

Print Name: \_\_\_\_\_

LMT's Name and Signature: \_\_\_\_\_