

PREGNANCY MASSAGE THERAPY INTAKE FORM

LIGHTWAY HEALING THERAPEUTIC MASSAGE CONFIDENTIAL CLIENT HISTORY FORM

Dear Client,

Thank you for your interest in **Lightway Healing Therapeutic Massage** to assist you in your wellness needs! To better serve you, I have created a Client History Form for you to complete. Please answer each question honestly and completely! If we haven't done so already, you and I will do a brief assessment to help me get a better idea of your individual needs. Please take your time and patiently complete this form. It's all about you! I am so grateful to serve you! God Bless!

**Sincerely,
Your Massage Therapist,**

Stacy Vinay-Broussard 😊

**CONFIDENTIAL CLIENT HISTORY FORM
(Please print legibly)**

NAME: _____ TODAY'S DATE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ CELL PHONE: _____

HOME PHONE: _____ WORK PHONE: _____

OCCUPATION: _____ REFERRED BY: _____

WHO MAY WE CALL IN CASE OF AN EMERGENCY? _____

RELATIONSHIP TO YOU? _____ PHONE: _____

YOUR AGE: _____ DATE OF BIRTH: _____

DUE DATE: _____ HOW FAR ALONG ARE YOU TODAY? _____

IS THIS YOUR FIRST PRENATAL MASSAGE? YES or NO

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to treatment being provided.

Please check any complication or condition you may have experienced in this pregnancy.

____ MULTIPLE PREGANCY (TWINS)
____ GESTATIONAL DIABETIES
____ PLACENTAL DYSFUNCTION
____ HIGH BLOOD PRESSURE
____ PRE-ECLAMPSIA
____ THREATENED MISCARRIAGE
____ PREMATURE LABOR

____ VARICOSE VEINS
____ PHLEBITIS
____ LEG CRAMPS
____ RESTLESS LEGS
____ HEART DISEASE
____ DIFFICULTY SLEEPING
____ SWOLLEN HANDS AND/OR FEET

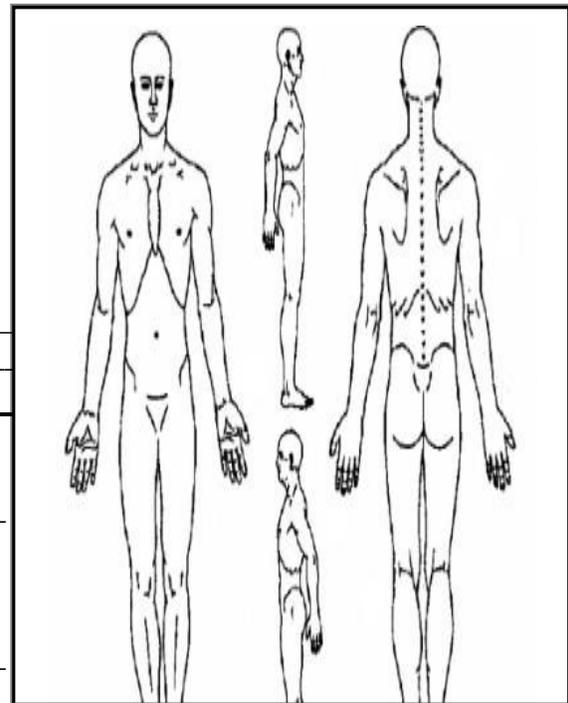
YES **NO** Any allergies? If yes, please list. (If seasonal; write "seasonal") _____

YES **NO** Are you currently in pain or experiencing any discomfort? If so, briefly explain and indicate those areas
Mark "X" for pain and "O" for discomfort.



What are the specific areas you want me to focus on?

List any areas, besides belly, you'd like me to avoid (ex: feet, belly, head, face): _____



Please initial next to each after you read:

_____ I have received and read information concerning the possible benefits of massage therapy during pregnancy, as well as understand and agree to the policies and procedures of Lightway Healing Therapeutic Massage, LLC.

_____ I verify that I am experiencing a low - risk pregnancy, and have stated all my known medical conditions and take it upon myself to keep the massage therapist and my practitioner updated on my health.

_____ 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.

_____ Because massage/bodywork should not be performed under certain medical conditions; I affirm that I have stated all my known medical conditions and answered all questions honestly.

_____ 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.

_____ If I experience any pain or discomfort during this session, I will immediately inform the massage therapist so that the pressure and/or strokes may be adjusted to my level of comfort.

_____ 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 claims and liability whatsoever.

Client Signature _____ **Date** _____

Therapist Signature _____ **Date** _____ (Revised 4/27/18)