



Prenatal Intake & Consent Form

Name: _____ Date: _____

What trimester are you in? (Please circle one) 1st 2nd 3rd Due Date: _____

Your Date of Birth: _____

Prenatal OBGYN / Doctor _____ Phone Number _____

May we have permission to contact doctor if necessary? _____

Have you had a prenatal massage before? Yes _____ No _____

If so, do you have a doctor's release? Yes _____ No _____

Is your pregnancy considered to be high risk? Yes _____ No _____

If yes, what are the reasons?

You are making a decision whether or not to receive a prenatal massage. Please review the following contraindications associated with this treatment. After reviewing the contraindications you may decide to cancel your prenatal massage. There will be no financial consequences with that action.

Do you experience or have you been diagnosed with any of the following?

- _____ Severe high blood pressure not medically controlled?
- _____ Skin conditions; shingles/herpes, extreme dermatitis
- _____ Sunburn
- _____ Open sores
- _____ Fever or infections

Are you experiencing any of the following?

- _____ Bloody discharge
- _____ Menstrual type cramping
- _____ Vaginal fluid discharge

If you are less than 37 weeks along in your pregnancy and are experiencing any of these symptoms, this could be a sign of premature labor. Please seek medical attention immediately.



Are you experiencing any of the following?

- _____ Visual disturbances
- _____ Severe nausea, vomiting and flu like symptoms
- _____ Severe headaches
- _____ Upper right quadrant pain
- _____ Edema above mid shin VS edema around ankles

If you are experiencing any of these symptoms, this could be a sign of preeclampsia. Please seek medical attention immediately.

I have completed this intake and consent form to the best of my knowledge. I understand that massage therapy is a health aid and does not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide the best massage care. If I am having or develop any complications I will discuss with my massage therapist.

I hereby voluntarily release **Elements Massage of Costa Mesa** and any of its subsidiaries, franchises and therapists from any liability should my condition be aggravated at any time. By signing below, I agree that I have read the information above and have decided to receive a prenatal massage at my own risk.

Signature: _____ Date: _____

Signature of Parent \ Legal Guardian (If necessary) Date: _____

Print name: _____

_____ Therapist Initials