



# PRENATAL INTAKE CONSENT

ABOUT YOU	NAME		TODAY'S DATE	
	WHAT TRIMESTER ARE YOU IN?		DUE DATE	
	PRENATAL CARE PROVIDER / DOCTOR'S NAME			
	PROVIDER'S TELEPHONE NUMBER		MAY WE CONTACT IF NECESSARY? <input type="checkbox"/> yes <input type="checkbox"/> no	
HEALTH HISTORY	Have you had prenatal massage before? <input type="checkbox"/> yes <input type="checkbox"/> no		Is your pregnancy considered to be high risk? <input type="checkbox"/> yes <input type="checkbox"/> no	
	If yes, please explain:			
	Have you had any problems or complications with this pregnancy? <input type="checkbox"/> yes <input type="checkbox"/> no			
	If yes, please explain:			
	If you have an issue you do not wish to state on this form, please discuss it with your therapist.			
Is there anything we can do to make your massage experience more comfortable, relaxing and/or enjoyable?				
AUTHORIZATION	<p><b>BY SIGNING BELOW, I AGREE AS FOLLOWS:</b></p> <p>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 them with my massage therapist.</p> <p>I hereby voluntarily release Elements Massage and any of its affiliates, franchisees and franchisee 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.</p>			
	SIGNATURE		DATE	