

ADDENDUM: PRENATAL MASSAGE INTAKE

If any significant conditions are noted please call ahead to discuss with the therapist. Thank you!

PLEASE PRINT

NAME _____

DATE _____

DUE DATE _____

Please briefly describe previous pregnancies and births with dates:

Please describe your current pregnancy to date:

Where in your body do you currently feel pain, tension or stress?

Do you have any of the following problems or conditions?

Swelling	Yes/No	High Blood Pressure	Yes/No	Excessive weight gain/loss	Yes/No
Anemia	Yes/No	Difficulty Breathing	Yes/ No	Morning Sickness	Yes /No
Sciatica	Yes/ No	Varicose Veins	Yes/No	Contractions	Yes/ No
Pain	Yes/No	Spotting	Yes/ No	Gestational Diabetes	Yes/ No
Other	Yes/No				

Please list any medication you are taking, including self prescribed ones:

Please list and date any accidents or surgeries within the last three years?

Are you receiving regular prenatal care?

Please list your birth attendant with phone number:

Do you have any expereince with body and/or energy work? Describe: