

**Prenatal Massage Client Intake Form**

Massage during pregnancy provides many benefits. It enhances circulation, supporting the work of your heart, and increasing the 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 on 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 inform your therapist.

Week of Pregnancy: \_\_\_\_\_ Expected Due Date: \_\_\_\_\_

Physician/Midwife: \_\_\_\_\_

Hospital/ Birth Location: \_\_\_\_\_ Partners Name: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> Multiple pregnancy (twins) | <input type="checkbox"/> Sciatic pain        |
| <input type="checkbox"/> Gestational diabetes       | <input type="checkbox"/> Phlebitis           |
| <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"/> Congestion          |
| <input type="checkbox"/> Threatened miscarriage     | <input type="checkbox"/> Headaches           |
| <input type="checkbox"/> Premature labor            | <input type="checkbox"/> Heartburn           |
| <input type="checkbox"/> Heart disease              | <input type="checkbox"/> Indigestion         |
| <input type="checkbox"/> Bladder infection          | <input type="checkbox"/> Constipation        |
| <input type="checkbox"/> Swollen hands/feet         | <input type="checkbox"/> Hemorrhoids         |
| <input type="checkbox"/> Varicose veins             | <input type="checkbox"/> Difficulty sleeping |

Is there anything else you want me to know about your health and/or pregnancy?

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

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