



*Grit with Grace*  
Wellness and Healing

## **Prenatal Massage Client Intake Form**

### **PRENATAL MASSAGE RISKS & BENEFITS**

Massage therapy during pregnancy has been shown to be beneficial for a number of common complaints such as fatigue, musculoskeletal pain, sciatica, edema, and many others. However, there are risks associated with specific conditions that may occur during pregnancy.

Performing massage therapy during pregnancy is contraindicated for women experiencing any of the following symptoms/signs:

- Bloody discharge
- Continual abdominal pains
- Sudden, rapid weight gain
- Abnormal fetal growth, heartbeat, or movements
- Severe nausea and/or vomiting (cannot keep anything down)
- Fever
- Diarrhea
- Decrease in fetal movement over a 24-hour period
- Diabetes (or Gestational)
- Hypertension (Preeclampsia)
- Multiple Pregnancy
- Previous complicated pregnancy
- Asthma
- RH or genetic problems
- Fetal genetic disorders
- Exposure to hazardous materials
- Early labor / miscarriage threat

- ( ) Placental or cervical dysfunction
- ( ) Gestational Edema Proteinuria Hypertension (GEPH)
- ( ) Pre-existing cardiac, renal, connective tissue or liver disorders/diseases

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Expected Due Date: \_\_\_/\_\_\_/\_\_\_

Weeks Pregnant: \_\_\_\_\_

Trimester: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

Is this your first prenatal massage? Yes No

Is there any other relevant information about this pregnancy or your general health that you think your therapist should know about? \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, have read the aforementioned conditions and symptoms, which make massage therapy during pregnancy contraindicated. I have had no contraindications and no high-risk factors during my pregnancy.

I have discussed with my prenatal healthcare provider/physician any health concerns that I had about receiving massage therapy. I agree that my healthcare provider/physician has given me clearance to receive massage therapy.

I understand the information contained on this form and confirm that (1) I am receiving medical care including regular check-ups with a licensed healthcare provider. (2) I have not experienced any of the listed symptoms, conditions, or complications. (3) I am not currently experiencing any of the listed symptoms, conditions, or complications. (4) I am experiencing a low-risk pregnancy.

I understand that I will be receiving massage therapy as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist of all liability for any harm that may unintentionally occur during my treatment(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_