BODYWORK FOR THE CHILDBEARING YEAR®

CLIENT INFORMATION

Name _____ Age _____ Today's Date _____

Week of Pregnancy _____ Expected Due Date _____

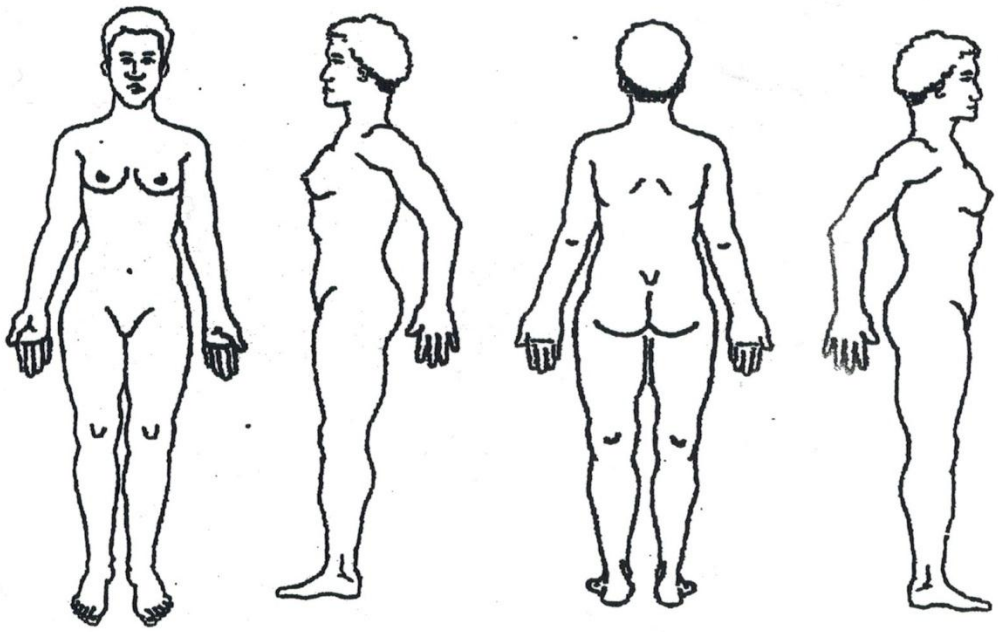
Physician _____

Please check any complication or condition you may have experienced in this pregnancy

____ multiple pregnancy (twins)
____ gestational diabetes
____ placental dysfunction
____ high blood pressure
____ pre-eclampsia
____ threatened miscarriage
____ premature labor
____ heart disease
____ bladder infection
____ swollen hands and/or feet

____ varicose veins
____ phlebitis
____ leg cramps
____ restless legs
____ headaches
____ heartburn
____ indigestion
____ constipation
____ hemorrhoids
____ difficulty sleeping

Please indicate any areas where you have tension, discomfort, or pain:



Is there any area on which you particularly want to focus in your massage session? Is there anything else you want me to know about your health or pregnancy?

_____

_____

_____

Fountains Day Spa
Pregnancy Massage Intake Form

I verify that I have been informed of the possible benefits and the associated risks for massage therapy during pregnancy and postpartum. I will discuss with my maternity healthcare provider any health concerns that I have about massage therapy. I further verify that: (Initial)

____I have not had nor do I now have any prenatal complications nor any of the conditions listed on the previous page.

____I have noted on the previous page all prenatal complications, risks, or conditions I am /have experienced AND I have obtained my maternity healthcare providers release.

I understand that I will be receiving massage therapy as a form of adjunctive health care only and that the massage therapy I receive is not a substitute for obstetric prenatal or prenatal care from a medical doctor or other licensed provider.

I hereby release and hold harmless and defend Fountains Day Spa and the practitioner(s) from any claims, liability, demands and causes of action from me and my child's participation in this therapy.

Signature: _____ Date: _____
Print Name: _____