

Wellville

Massage & Healing Arts

PRENATAL HEALTH INTAKE

Personal Information

Name _____
Emergency Contact _____

Today's Date _____
Contact's Phone _____

Prenatal Information

Weeks Pregnant? _____ Estimated Due Date _____

Number of Pregnancies _____

Was this pregnancy achieved with fertility assistance? YES NO

If yes, what method? _____

Prenatal Care Provider _____

Have you ever had a miscarriage? YES NO Have you ever had prenatal massage? YES NO

Have you ever experienced premature labor (<36 weeks)? YES NO

Please check all that apply, with this or previous pregnancies:

<input type="checkbox"/> Placenta Previa	<input type="checkbox"/> Gestational Diabetes	<input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> Placenta Abrupto	<input type="checkbox"/> Renal Disease	<input type="checkbox"/> Auto-Immune Disorder: _____
<input type="checkbox"/> Preterm Labor	<input type="checkbox"/> Cardial Diseases	<input type="checkbox"/> Pre-Eclampsia
<input type="checkbox"/> Systemic Lupus	Other _____	

Please list all prescribed medications _____

Have you been or are you currently placed on bedrest? YES NO

Are you experiencing excessive swelling of the hands, arms, feet, legs or face? YES NO

Are you having any other complications with this pregnancy? YES NO

If yes, please list: _____

Consent

I affirm that I have stated all my known medical conditions and have answered all questions honestly. I understand that service is provided for the purpose of relaxation/relief of muscular tension and is NOT a substitute for medical examination, treatment, or diagnosis. For these concerns, I will seek the advice of a medical professional.

All services are non-sexual. Both the therapist and I have the right, at any time, to terminate a session.

I understand Wellville requires a 24 hour notice for all reschedules and cancellations with the only exception being medical emergencies for me or a member of my immediate family. Missed appointments will be charged at 50% of the scheduled service. I accept payment for missed appointments if I fail to provide the required notice.

SIGNATURE _____ DATE _____