

# The Day Spa's Pre-Natal Massage Form

Full Name \_\_\_\_\_ Mobile Number \_\_\_\_\_

Address \_\_\_\_\_

**Confidential Clientele History:**

I am having a normal pregnancy.

Yes  No

In what week of pregnancy are you currently?

Yes  No

Are you over 36 years of age?

Yes  No

Is your pregnancy considered high-risk or normal?

Yes  No

Have you ever experienced a miscarriage or pre-term labor?

Yes  No

Just prior to, or during your pregnancy, did you suffer any abdominal injury or surgery?

Yes  No

Have you noticed a reduction in fetal movement during the previous 24-hour period?

Yes  No

Have you had excessive swelling in your arms, legs, hands, or feet?

Yes  No

Do you have poor circulation in your legs?

Yes  No

Have you been, or are you currently inactive or replaced on bed rest?

Yes  No

Have you experienced any vaginal bleeding or abnormal discharge in the last 24 hours?

Yes  No

Do you have any serious disease(s) or contagious wounds?

Yes  No

Do you have any recently torn tendons, ligaments, or muscles?

Yes  No

Do you have any skin, bone or muscle diseases or infections?

Yes  No

During pregnancy, have you been consuming alcohol, abusing drugs, smoking, or ingesting any other teratogenic agents?

Yes  No

Are you experiencing or do you have any of the following?

Yes  No

- Placenta previa • Cardiovascular disease • Incompetent cervix • Placenta abrupto • Systemic lupus • Uterine abnormality
- Diabetes • Autoimmune factors • Fractures or injected joints • Fever

Please explain all yes or marked answers from above: \_\_\_\_\_

Please describe your current exercise habits: \_\_\_\_\_

Please describe your current relaxation habits: \_\_\_\_\_

"I am having a normal, health pregnancy and will have a certified massage therapist apply massage and bodywork techniques to my body."

Doctor note are valid throughout current pregnancy. Except, if there is a change in condition and any of the above history has changed and you would answer "yes". A new doctor note will be required.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_