Mother Earth Massage
Pregnancy Intake
Laura Morledge
(406) 794-9519

Client Name: _____Age_____Date of Birth_____
Address: _____City_____Zip_____ __
Phone: _____Email:_____
Occupation: _____ How did you learn about me?_____
Most of my day is spent: Standing Sitting with/Computer, other:_____
Exercise? Y or N, What Kinds_____ How often_____per week
Emergency Contact_____ Phone: _____
Relationship Status_____Sexual Orientation_____

Have you ever received a professional massage before?_____How recently? _____
Preferred Pressure: Light Med Firm

What are your goals/expected outcomes for this massage?_____

List any medications you are currently taking and for what condition _____
_____

Have you had any serious or chronic illness, operations, or traumatic accidents, surgeries, or injuries that I should know about? Please list:
_____

Are you allergic to any oils? Which ones _____
Prenatal Care Provider/Doctor_____ Doctor Affiliation_____
My due date is _____ Induction Date _____Planned C-Section Date_____
This is my ____(number 1st, 2nd, etc) pregnancy. This will be my (number 1st, 2nd etc___ birth.
Trimesters: 1st weeks 1-13, 2nd weeks 14-26, 3rd weeks 27-end
I am _____(number) weeks pregnant in my (1st, 2nd 3rd) trimester.
Babies sex _____ Babies Name_____
Other children's names/age_____
_____

**I am also trained in the Arvigo techniques of Maya Abdominal Massage and may be able to help you after you are pregnant.**

**Women, please read:** You should have no PMS and a normal menstrual period should last between 3-5 days. At the onset of your menses, *mild* cramping should *only last between thirty minutes and one hour*. Your blood flow should start, continue and end with red blood, *no brown blood at beginning or end*.

Does this describe your menstrual cycle? Y or N

**Women, do you have any:**

| | |
|---|---|
| Displaced or prolapsed uterus and or bladder? | Y or N |
| Painful menstrual cycles and/or ovulation? | Y or N |
| Irregular menstrual cycle and/or ovulation? | Y or N |
| Bladder or yeast infections? | Y or N |
| Frequent Urination? | Y or N |
| Urinary or fecal incontinence? | Y or N |
| Miscarriages, difficult pregnancies? | Y or N |
| Fertility problems? | Y or N |
| Endometriosis? | Y or N |
| Peri menopause, menopausal symptoms? | Y or N |
| PMS/Depression with menstruation? | Y or N |
| Ovarian cysts? | Y or N |
| Uterine fibroids? | Y or N |
| Abnormal uterine bleeding? | Y or N |
| Enhances Pregnancy, aids in labor and birthing? | Y or N |
| Pelvic congestion, pain? | Y or N |

**Men and Women, do you have any:**

| | |
|---|---|
| Headaches/migraines? | Y or N |
| Digestive disorders? | Y or N |
| Low energy? | Y or N |
| Irritable Bowel Syndrome (IBS)? | Y or N |
| Gastro Esophageal Reflux (GERD)? | Y or N |
| Crohn's Disease? | Y or N |
| Chronic constipation? | Y or N |
| Low back ache? | Y or N |
| Chronic indigestion or heartburn? | Y or N |
| Gastritis? | Y or N |
| Restricted breathing due to tension? | Y or N |

**Do your men have any:**

| | |
|---|---|
| Bladder or yeast infections? | Y or N |
| Frequent Urination or Incontinence? | Y or N |
| Early stages of prostate swelling? | Y or N |
| Benign Prostatic Hyperplasia (BPH)? | Y or N |
| Prostatitis (mild)? | Y or N |

Please put an ✓ for current/present problems, mark a + for past problems:

____anemia
____leaking amniotic fluid
____bladder infection *
____uterine bleeding *
____blood clots or phlebitis *
____chronic hypertension *
____abdominal cramping *
____diabetes (gestational or mellitus)
____edema / swelling
____fatigue
____headaches
____insomnia
____high blood pressure
____low blood pressure
____miscarriage *
____nausea
____problems with placenta *
____pre-term labor
____preeclampsia (toxemia)
____other problems or conditions in current or past pregnancy

____sciatica
____separation of rectus muscles
____separation of symphysis pubic
____skin disorders / athletes foot
____twins or more
____varicose veins
____visual disturbances *
____previous cesarean birth
____contagious conditions
____muscle sprain / strain
____heart attack / stroke
____arthritis
____carpal tunnel syndrome
____leg cramps
____bursitis
____hypo or hyperglycemia
____contact lens

Anything else you would like me to know? _____

I am experiencing a low risk / high risk (circle one) pregnancy according to my doctor/midwife. If I am currently having or develop complications (any conditions/symptoms listed above with *) I will discuss the condition with my massage therapist, and will have a medical release for massage signed by my prenatal care provider before continuing massage.

I have completed this health form to the best of my knowledge. I understand that massage is a health aid and does not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide you with the best health care services.

**Consent for Treatment:**
If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or stroke may be adjusted to my level of comfort. Because bodywork/massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

**Cancellation Policy**
I understand that unanticipated events happen occasionally in everyone's life. In my desire to be effective and fair to all clients, the following policies are honored:

**24 hour advance notice is required** when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give a 24 hours advance notice you will be charged the **full amount** of your appointment. This amount must be paid prior to your next scheduled appointment.

**No-shows**
Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment.

**Late Arrivals**
If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the "full" session**. Out of respect and consideration to your therapist and other customers, **please** plan accordingly and be on time.

Understanding all of this, I agree and give my consent to receive care:

Client Signature_____ Date_____

Parent or Guardian Signature (in case of minor):
_____ Date: _____