



**Babies & Bellies 3D/4D Ultrasound Studio and Prenatal Wellness Spa**  
**765 Main Ave Warwick, RI 02886**  
**(401)737-BABY**

**Pregnancy Massage Client Intake Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Birth Date \_\_\_\_\_ Telephone # \_\_\_\_\_

Email \_\_\_\_\_ Emergency Contact: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ How did you learn about us? \_\_\_\_\_

Have you received Massage Therapy before? \_\_\_\_\_

What type of massage are you interested in? \_\_\_\_\_

**What type of pressure are you comfortable with? \_\_\_\_\_**

Are you on any medication? \_\_\_\_\_

If yes, which ones? \_\_\_\_\_

Please list and explain other conditions/symptoms you are or have experienced: \_\_\_\_\_

\_\_\_\_\_

Have you had any serious or chronic illness, operations, or traumatic accidents?

\_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

OB/GYN Provider/Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

May I have permission to contact your Care Provider if necessary? \_\_\_\_\_

My due date is \_\_\_\_\_

Please check (√) current problems, mark with (+) if you had in the past :

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>anemia</b>                             | <input type="checkbox"/> <b>high blood pressure *</b>             | <input type="checkbox"/> <b>varicose veins</b>          |
| <input type="checkbox"/> <b>leaking amniotic fluid *</b>           | <input type="checkbox"/> <b>leg cramps</b>                        | <input type="checkbox"/> <b>visual disturbances *</b>   |
| <input type="checkbox"/> <b>bladder infection *</b>                | <input type="checkbox"/> <b>miscarriage *</b>                     | <input type="checkbox"/> <b>previous cesarean birth</b> |
| <input type="checkbox"/> <b>uterine bleeding *</b>                 | <input type="checkbox"/> <b>nausea</b>                            | <input type="checkbox"/> <b>problems with</b>           |
| <input type="checkbox"/> <b>blood clot or phlebitis *</b>          | <input type="checkbox"/> <b>placenta*</b>                         | <input type="checkbox"/> <b>contagious conditions</b>   |
| <input type="checkbox"/> <b>chronic hypertension *</b>             | <input type="checkbox"/> <b>pre-term labor *</b>                  | <input type="checkbox"/> <b>muscle sprain / strain</b>  |
| <input type="checkbox"/> <b>abdominal cramping*</b>                | <input type="checkbox"/> <b>preeclampsia (toxemia) *</b>          | <input type="checkbox"/> <b>heart attack / stroke</b>   |
| <input type="checkbox"/> <b>diabetes (gestational or mellitus)</b> | <input type="checkbox"/> <b>sciatica</b>                          | <input type="checkbox"/> <b>arthritis</b>               |
| <input type="checkbox"/> <b>edema/swelling</b>                     | <input type="checkbox"/> <b>separation of the rectus muscles</b>  | <input type="checkbox"/> <b>carpal tunnel syndrome</b>  |
| <input type="checkbox"/> <b>fatigue</b>                            | <input type="checkbox"/> <b>separation of the symphysis pubis</b> | <input type="checkbox"/> <b>allergy to nut oils</b>     |
| <input type="checkbox"/> <b>headaches</b>                          | <input type="checkbox"/> <b>skin disorders/ athletes foot</b>     | <input type="checkbox"/> <b>low blood pressure</b>      |
| <input type="checkbox"/> <b>insomnia</b>                           | <input type="checkbox"/> <b>twins or more! *</b>                  | <input type="checkbox"/> <b>bursitis</b>                |
|  |   | <input type="checkbox"/> <b>hypo or hyperglycemia</b>   |
|  |   | <input type="checkbox"/> <b>contact lens</b>            |

**Other conditions or problems in current or past pregnancy?**

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**Are you a high risk pregnancy according to your OB/GYN or midwife?** \_\_\_\_\_

If I am currently having or develop complications to any conditions/symptoms listed above with an \* I will discuss the condition with my massage therapist, and will provide a medical release form from my Healthcare provider.

I have completed this health form to the best of my knowledge. I understand that Babies & Bellies 3D/4D Ultrasound Studio and Prenatal Wellness Spa is a health aid and does not take the place of physician's care. Any information exchanged during a Massage session is confidential and is only used to provide you with the best healthcare services. If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance to avoid any additional missed appointment fees. If I miss a scheduled appointment without giving 24 notice, I agree to pay any missed appointment fees applied. While massage therapy during pregnancy is not intended to replace appropriate prenatal care, used as a form of adjunctive health care, some benefits are:

- Reduces stress and promotes relaxation
- Relieves muscle spasms, cramps and myofascial pain, especially in the back, neck, hips and legs
- Increases blood and lymph circulation, increasing cellular nutrition and reducing edema
- Reduces strain on weight-bearing joints and muscular-fascial structures
- Provides emotional support and physical nurturance
- Postpartum restoration of abdominal and weight-bearing muscles and joints
- Support for new mother with physical and emotional strains of mothering

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_