

Thrive CommUnity Acupuncture & Massage

110 W. Harvard St., Fort Collins, CO 80525 970-282-8300
Pregnancy Massage Therapy - New Client Intake Form

Name _____ Date of Birth _____

Emergency Contact and Phone _____

Week of Pregnancy _____ Expected Due Date _____

Please note that we require a doctor's release to see anyone prior to thirteen weeks of pregnancy.

Physician Name/Number _____

Today's Date _____

Have you received prenatal massage before? Yes ___ No ___

Are you experiencing a high risk pregnancy?* Yes ___ No ___

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Multiple pregnancy (twins) | <input type="checkbox"/> Varicose veins | <input type="checkbox"/> Swollen hands and/or feet |
| <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Leg cramps |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Restless legs | <input type="checkbox"/> Bladder infection |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Premature labor |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Constipation | <input type="checkbox"/> Gestational diabetes* |
| <input type="checkbox"/> Threat of miscarriage* | <input type="checkbox"/> Early labor* | <input type="checkbox"/> Pre-eclampsia* |
| <input type="checkbox"/> Fetal Genetic Disorders* | <input type="checkbox"/> Placental/cervical dysfunction* | |
| <input type="checkbox"/> Complications in previous pregnancies* | | |
| <input type="checkbox"/> Gestational Edema Proteinuria Hypertension (GEPH)* | | |
| <input type="checkbox"/> Pre-existing cardiac, renal, connective tissue or liver disorders/diseases* | | |

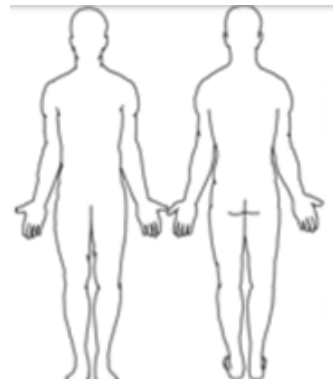
**A doctor's release is required prior to massage appointment if checked*

If you are experiencing any of the following symptoms, please note that these may be contraindications for massage during pregnancy & it is recommended that you do NOT receive massage and instead seek immediate medical attention:

- Bloody or abnormal discharge
- Sudden leakage of amniotic fluid
- Severe nausea/morning sickness
- Severe headaches
- Severe pain which does not ease if position changes
- Continual abdominal pains, similar to menstrual cramps
- Visual disturbances
- Vomiting, flu-like symptoms
- Severe swelling in hands or feet, particularly above mid shin

If you are currently experiencing pain or discomfort, please mark what applies and where, as well as a brief explanation:

- Pain
 Discomfort



Informed Consent

I declare that the information I have provided is correct to the best of my knowledge.

I understand that information submitted to Thrive Massage is held in strict confidence and will not be released without my written consent.

I verify that I am choosing to receive a prenatal massage and am experiencing a low-risk pregnancy, or if I am experiencing a high-risk pregnancy or am in my first trimester of pregnancy that I have my doctor's release to receive massage. I acknowledge that receiving massage during pregnancy carries inherent risks and verify that I have declared all known medical conditions and complications and take it upon myself to keep my therapist/practitioner updated on my condition.

I further verify that I am not experiencing any conditions or symptoms which may be contraindications for massage during pregnancy and that I have obtained a doctor's release for any symptoms which may be of concern to myself and my pregnancy in conjunction with a massage. I understand that failure to declare any of these conditions may increase risks and complications during my pregnancy and hereby release Thrive massage, its practitioners and representatives from any liability for any injury, claim, or complication with my pregnancy, which may result from my failure to disclose any symptoms which would cause the practitioner to choose not to perform the massage.

I understand, acknowledge, and voluntarily accept the risk associated with massage services and use of your facilities during pregnancy, and I hereby release you (including our affiliates, agents, and employees) from liability for any injury or claim (including, without limitation, personal, bodily, or mental injury, property damage or economic loss), which may result from your massage(s), my failure to disclose any pre-existing condition, limitation or sensitivity, or my failure to inform my therapist of discomfort during my session.

Our therapists agree to adhere to a strict code of conduct designed to provide a safe, professional, and therapeutic environment for our patients and staff. In a professional relationship sexual intimacy is never appropriate and should be reported to the Director of the Division of Registration in the Department of Regulatory Agencies. If you have concerns about your experience, please bring it to the attention of management immediately. Your privacy is respected and male/female genitalia and women's breasts will not be exposed or massaged. Modest draping is used at all times. If you feel uncomfortable for any reason, ask your therapist to end the session. If you feel any discomfort, ask your therapist to adjust the pressure or heat, or you may end the session at any time.

Payment and Appointment Policies

I understand that I am responsible to pay for my scheduled appointment in full with cash, check or approved credit card on the date such service is rendered. Returned checks will be charged a \$20.00 service fee. **If I miss an appointment without giving at least 24 hour notification, I understand I will be billed the full session rate** (whether that appointment is prepaid or paid hourly), unless: 1. The appointment can be filled by another client, in this case your payment will be pro-rated to your next appointment, 2. There is an approved emergency as determined on a case-by-case basis or, 3. Upon reading this document, I have chosen for my own safety and that of my continued pregnancy not to receive a massage.

I have read, understood, and agree to the terms as stated by Thrive Massage.

Signature _____ Date _____

If client is under 18 years old, parent or legal guardian must sign.