

Allergies: _____

Prenatal Massage Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone number: _____ Would you like to receive confirmation text messages or emails?

Email: _____ (circle one) Text Email Both

Occupation: _____

In case of emergency, contact: _____ # _____

Relation: _____

How were you referred to Evolve? _____

Have you ever experienced massage before? **Yes No**

If yes, when was your last massage? _____

Do you have any allergies? Yes No If yes, list them all: _____

What kind of pressure do you prefer? Light Medium Firm Deep Tissue

Rate your pain from 1-10 in these areas, 10 being the highest.

Legs: 1 2 3 4 5 6 7 8 9 10	Shoulders: 1 2 3 4 5 6 7 8 9 10	Feet: 1 2 3 4 5 6 7 8 9 10
Neck: 1 2 3 4 5 6 7 8 9 10	Back: 1 2 3 4 5 6 7 8 9 10	Glutes: 1 2 3 4 5 6 7 8 9 10
Knees: 1 2 3 4 5 6 7 8 9 10	Arms: 1 2 3 4 5 6 7 8 9 10	Other: 1 2 3 4 5 6 7 8 9 10

Due Date: _____ Physician or Midwife: _____

Is this your first pregnancy? **Yes** **No** If not, how many previous pregnancies have you had? _____

Please describe how you have felt (physically and emotionally) during this pregnancy: _____

Have you had any complications or abnormalities? **Yes** **No** If yes, please describe: _____

I am experiencing a **(circle one)** low/high risk pregnancy according to my doctor/midwife.

Do you have any of the following conditions or symptoms?

Abdominal or unusual pain in the body	Yes No	High Blood Pressure	Yes No
Blood Clots / Phlebitis	Yes No	Hypo/Hyper -glycemia	Yes No
Bursitis	Yes No	Preterm Labor	Yes No

Decreased Fetal movement in the last 24 hours	Yes	No	Problems with Placenta	Yes	No
Diabetes (Mellitus or Gestational)	Yes	No	Sciatica	Yes	No
Diarrhea	Yes	No	Anemia	Yes	No
Excessive swelling of hands, legs, or face	Yes	No	Toxemia / Preeclampsia	Yes	No
Leaking Amniotic Fluid	Yes	No	Vaginal Bleeding and/or discharge	Yes	No
Fever	Yes	No	Varicose Veins	Yes	No

Have you eaten within the last three (3) hours? **Yes** **No**

Are you experiencing any tension or soreness in your muscles? If so, please describe. _____

Would you like your abdomen massaged? **Yes** **No**

Describe how well you sleep: _____

Is there anything else you would like to discuss regarding your pregnancy and massage? _____

If I am currently having or in the future develop complications (any symptoms/conditions listed on the previous page), I will discuss the condition(s) with my massage therapist and *will have/obtain a medical release for bodywork signed by my prenatal care provider before continuing bodywork*. I will immediately let my therapist know of any pain or discomfort so that pressure and strokes can be adjusted to my level of comfort. Because massage/ bodywork 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.

Cancellation Policy and Arriving Late- 24-hour notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. There will be a **\$25** fee assessed to your account for any late cancellations or no-show clients. If you arrive late, your session will be shortened to accommodate appointments that follow yours. Regardless of the length of the treatment given, the session will be charged in full.

Client Consent/Liability Waiver-*Massage/ bodywork should not be performed under certain medical conditions.* The information that I provided is accurate and complete. I agree to keep Evolve informed of any changes in my medical profile and understand that there shall be no liability on Evolve's part should I fail to do so. The services I am schedule for require person to person contact. By signing below, I am acknowledging this and giving permission to be treated at Evolve Massage and Wellness Center, LLC. Evolve Massage & Wellness Center is not responsible for any items that you may leave unattended. We strongly recommend leaving expensive, personal items at home, or locked in your car. If you do bring them with you, be sure to gather all items from the treatment room prior to leaving.

By signing this Agreement, I RELEASE OF LIABILITY AND AGREEMENT NOT TO SUE, INDEMNIFICATION, HOLD HARMLESS, LIMITATION OF WARRANTY Evolve Massage and Wellness Center responsible for contracting communicable/contagious diseases and conditions such as, but not limited to, Influenza, COVID-19, other viruses, and contagious skin conditions.

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 for the scheduled appointment.

Client Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

