

# Happy Heart Massage LLC



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## Prenatal Massage Intake

Prenatal massage is nurturing bodywork that has special considerations for the emotional and physiological changes experienced during pregnancy. It enhances every system in your body to function optimally. Prenatal massage helps regulate hormones, reduces stress, anxiety and depression. It improves nerve and joint pain, reduces swelling/edema and improves sleep. Prenatal Massage is intended to be deeply relaxing for you and your baby. Prenatal massage is generally safe, but there are some contraindications. If you are having a **HIGH RISK** pregnancy, you **MUST** obtain a medical release from your primary prenatal provider, **BEFORE** receiving massage.

## Personal Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Primary Physician/Midwife \_\_\_\_\_

Week of Pregnancy \_\_\_\_\_ Expected Due Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about Happy Heart Massage? \_\_\_\_\_

Please mark any current problems and note if you've had them in the past as well: **ANY HIGH RISK conditions require a Medical Release from your primary Dr. BEFORE** massage/body work can take place.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> anemia                              | <input type="checkbox"/> high blood pressure*              | <input type="checkbox"/> allergies            |
| <input type="checkbox"/> leaking amniotic fluid*             | <input type="checkbox"/> leg cramps                        | <input type="checkbox"/> bursitis             |
| <input type="checkbox"/> bladder infection*                  | <input type="checkbox"/> miscarriage*                      | <input type="checkbox"/> hemorrhoids          |
| <input type="checkbox"/> uterine bleeding*                   | <input type="checkbox"/> nausea                            | <input type="checkbox"/> cancer*              |
| <input type="checkbox"/> blood clot or phlebitis*            | <input type="checkbox"/> preeclampsia (toxemia)*           | <input type="checkbox"/> thyroid disorder     |
| <input type="checkbox"/> sciatic pain/pressure               | <input type="checkbox"/> low blood pressure                | <input type="checkbox"/> heartburn            |
| <input type="checkbox"/> abdominal cramping*                 | <input type="checkbox"/> diastasis recti                   | <input type="checkbox"/> autoimmune disorders |
| <input type="checkbox"/> diabetes (gestational or mellitus)* | <input type="checkbox"/> separation of the symphysis pubis | <input type="checkbox"/> numbness/tingling    |

edema/swelling

fatigue

headaches/migraines

insomnia

placental dysfunction\*

pre-term labor\*

digestive issues

skin disorders

twins or more!

varicose veins

visual disturbances\*

previous cesarean birth

contagious conditions\*

neuropathy

muscle sprain/strain

heart attack/stroke\*

arthritis

carpal tunnel syndrome

anxiety/depression

chronic pain

orthopedic injuries

The following information will be used to help plan safe and effective massage sessions. Please answer the questions to the best of your knowledge.

What number pregnancy is this for you? \_\_\_\_\_

Briefly explain any history of miscarriage: \_\_\_\_\_

\_\_\_\_\_

Briefly explain any history of fertility issues: \_\_\_\_\_

\_\_\_\_\_

Have you had a professional prenatal massage before? \_\_\_\_\_

Are there any areas (feet, face, abdomen, etc.) you do not want massaged? \_\_\_\_\_

\_\_\_\_\_

What are your treatment goals for this session? \_\_\_\_\_

\_\_\_\_\_

Do you have an exercise routine that you practice regularly? \_\_\_\_\_

\_\_\_\_\_

Do you perform any repetitive movement in your work, sports or hobby? If yes please describe.

\_\_\_\_\_

Do you have effective ways of managing stress in your life? If so please describe.

\_\_\_\_\_

Please list any injuries/accidents/illnesses still affecting you: \_\_\_\_\_

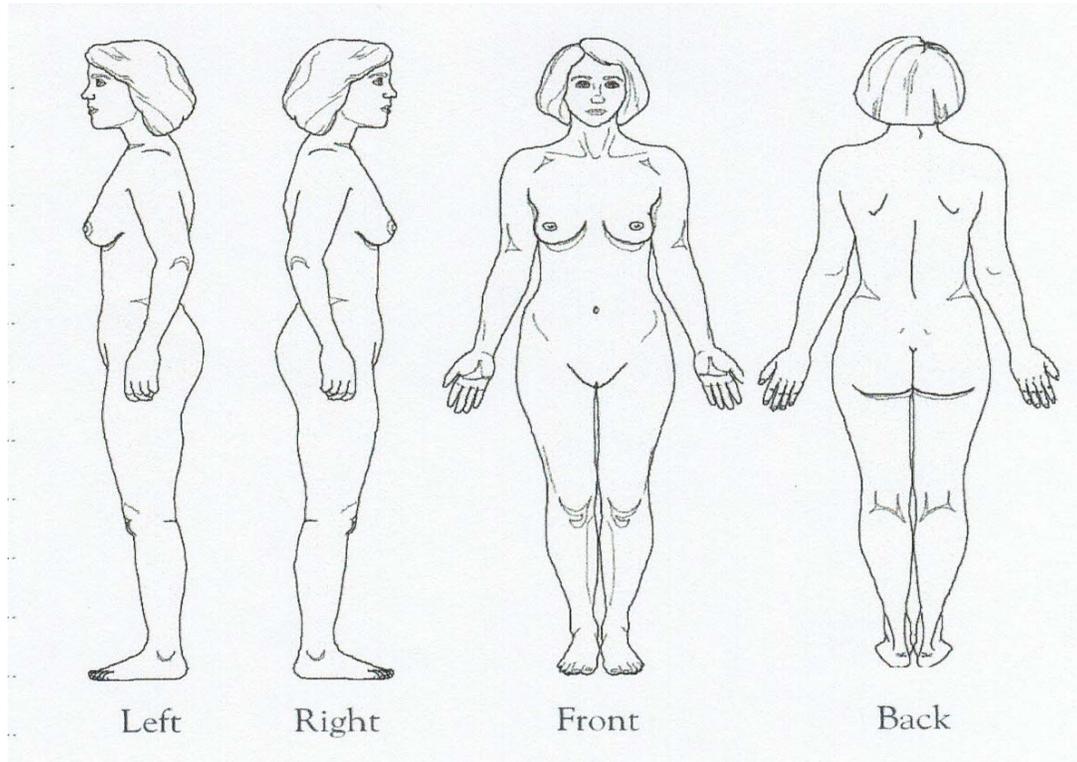
\_\_\_\_\_

Please list any medications or supplements you are currently taking and explain:

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Please circle any areas of discomfort



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. I understand that massage should not be construed as a substitute for medical examination, diagnosis or treatment. Any information exchanged during the session is confidential and is only used to provide you with the best health care services.

I understand that if I currently have **ANY** condition that is considered **HIGH RISK**, or I develop one during pregnancy, I must obtain a Medical Release from my primary Dr. **BEFORE** I receive massage/body work.

I am currently managing \_\_\_\_\_ (HIGH RISK CONDITION) and have obtained a Medical Release from my primary Dr. to receive massage/bodywork.

Signature of Client: \_\_\_\_\_

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