

CARING HANDS MASSAGE THERAPY, LLC

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Intake Form for Prenatal Massage Session

Client Name \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

In order to provide you with a safe and nurturing experience during or after your pregnancy there are some conditions we need to be aware of in order to modify the session in the best interest of you and your baby. It will be necessary for your primary healthcare provider to review and approve the massage session prior to your first appointment.

Massage therapy during pregnancy or postpartum is not intended to replace prenatal and postpartum care. Used as a form of adjunctive healthcare, potential benefits are:

- Reduces stress and promotes relaxation and aids in reducing blood pressure and edema
- Relieves muscle spasms, cramps and myofascial pain, especially in the back, neck, hips and legs
- Increases blood and lymph circulation and supports the physiological processes of pregnancy
- Reduces stress on weight-bearing joints and eases musculoskeletal strain and pain
- Provides emotional support and physical nurturance
- Enhances kinesthetic awareness and your ability to relax deeply which may be helpful during labor
- Offers labor supportive techniques that may increase comfort during pregnancy
- Promotes shorter, less painful labor; reduces complications, including less medications and interventions
- Assists postpartum restoration of abdomen and weight-bearing muscles and joints
- Provides new mothers postpartum support with physical and emotional aspects of infant care
- Promotes healing, including post-cesarean scars

Pregnancy massage is beneficial throughout pregnancy. If you have or have not had any of the high risk factors, complications, or conditions listed below, discuss your condition with your physician or prenatal healthcare provider. Submit the release (see reverse side) at or prior to your first appointment

Postpartum massage can begin 24 hours after delivery. If there were complications or a cesarean delivery, you must have written release from your physician or prenatal healthcare provider if you wish to receive massage in the first 6 weeks postpartum.

**High risk factors:** (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Pre-pregnancy diabetes                          | <input type="checkbox"/> Genetic disorders/DES exposure/uterine abnormalities |
| <input type="checkbox"/> Cardiac disorders (heart or pulmonary problems) | <input type="checkbox"/> Multiple pregnancies                                 |
| <input type="checkbox"/> Hypertension/high blood pressure                | <input type="checkbox"/> Mother's age under 20 or over 35                     |
| <input type="checkbox"/> Thyroid disorder                                | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> RH negative                                     | <input type="checkbox"/> Drug/alcohol use                                     |
| <input type="checkbox"/> Previous complications (see below)              | <input type="checkbox"/> Renal/liver/blood/convulsive disorders               |

**Pregnancy complications:** (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Gestational diabetes  | <input type="checkbox"/> Fetal development complications       |
| <input type="checkbox"/> Threatened miscarriage  | <input type="checkbox"/> Anemia                                |
| <input type="checkbox"/> Early labor   | <input type="checkbox"/> Cesarean birth (recent or planned)    |
| <input type="checkbox"/> Placental dysfunctions  | <input type="checkbox"/> Kidney/liver and/or bladder disorders |
| <input type="checkbox"/> Pregnancy-induced hypertensive disorders (preeclampsia/eclampsia/toxemia) |  |

**Non-pregnancy related complications:** (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Musculoskeletal problems    | <b><u>Contraindicated for affected areas only:</u></b>                 |
| <input type="checkbox"/> Cancer or undiagnosed lumps | <input type="checkbox"/> Severe varicose veins                         |
| <input type="checkbox"/> Infection                   | <input type="checkbox"/> Thrombophlebitis                              |
| <input type="checkbox"/> Autoimmune disorder         | <input type="checkbox"/> Skin irritation and/or discharge              |
| <input type="checkbox"/> Other                       | <input type="checkbox"/> Fracture/bleeding/burns or other acute injury |

OVER-PLEASE READ AND SIGN

