



# CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

Do NOT use this intake form for Medical Massage or Facials

## Prenatal Intake Consent Form

### General Information

First Name: _____	Date of Birth ____/____/____
Last Name: _____	Cell Phone: (____) _____
Address: _____ Apt: _____	<input type="checkbox"/> Opt-in your cell phone to receive text alerts
City: _____ State: _____ Zip: _____	Email: _____
Current / Previous Occupation: _____	
Emergency Contact Name: _____	How'd you hear about us? (So, we can give credit)
Relationship: _____	Name: _____
Phone: (____) _____	

### About You

What trimester are you in?	When is your due date?
Prenatal Care Provider / Doctor's Name:	
Provider's Telephone Number: (____) _____	May we contact if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Health History

Have you had prenatal massage before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your pregnancy considered to be high risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Have you had any problems or complications with this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: (If you have an issue you do not wish to state on this form, please discuss it with your therapist)	
Is there anything we can do to make your massage experience more comfortable, relaxing, and/or enjoyable?	

### Authorization

#### BY SIGNING BELOW, I AGREE AS FOLLOWS:

I have completed this intake and consent form to the best of my knowledge. I understand that massage therapy is a health aid and does not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide the best massage care. If I am having or develop any complications I will discuss them with my massage therapist. I hereby voluntarily release Somatic Massage Therapy and Spa and any of its affiliates, therapists/esthetician from any liability should my condition be aggravated at any time. By signing below, I agree that I have read the information above and have decided to receive a prenatal massage at my own risk.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Practitioners Initials: \_\_\_\_\_