



## Prenatal Intake and Consent Form

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

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Best number to reach you at: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ What trimester are you in? \_\_\_\_\_

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

Prenatal Care Provider/Doctor: \_\_\_\_\_

Provider's Phone number: \_\_\_\_\_

May we have permission to contact doctor if necessary? \_\_\_\_\_

Have you had prenatal massage before? Yes \_\_\_ No \_\_\_

If so, do you have a doctor's release? \_\_\_\_\_

Is your pregnancy considered to be high risk? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are the reasons?

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Have you had any complications or problems in this pregnancy? (Please explain)

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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 physicians' 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 with my massage therapist. I hereby voluntarily release Soak Spa & Foot Sanctuary and therapists 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: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Print name: \_\_\_\_\_