1 Elm Street, second floor. Keene, NH. • 603-355-9935 • season@seasonofhealing.com

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Name _____Todays Date_____

Address _____City _____ ST _____ Zip _____

Birth Date:_____Occupation _____

Telephone # _____Email _____

Emergency Contact: _____ Phone: _____

How did you learn about me? _____

Have you received Massage Therapy or Bodywork before? _____

How often? _____Why?_____

Are you on any medication? _____ If yes, which ones? _____

Please list and explain other conditions/symptoms you are or have experienced:

_____

_____

Have you had any serious or chronic illness, operations, or traumatic accidents? _____

If yes, please explain: _____

_____

Prenatal Care Provider/Doctor_____ Telephone _____

May I have permission to contact your Care Provider? _____

My due date is_____.

I am ____(number) weeks pregnant in my ____ (1st, 2nd, 3rd) trimester .

Please check (√) current problems, mark with (+) if you had in the past :

___ anemia

___ leaking amniotic fluid *

___ bladder infection *

___ uterine bleeding *

___ blood clot or phlebitis *

___ chronic hypertension *

___ abdominal cramping *

___ diabetes (gestational or mellitus)

___ edema/swelling

___ fatigue

___ headaches

___ insomnia

___ high blood pressure *

___ leg cramps

___ miscarriage *

___ nausea

___ problems with placenta *

___ pre-term labor *

___ preeclampsia (toxemia) *

___ sciatica

___ separation of the rectus muscles

___ separation of the symphysis pubis

___ twins or more! *

___ varicose veins

___ visual disturbances *

___ previous cesarean birth

___ contagious conditions

___ muscle sprain / strain

___ heart attack / stroke

___ arthritis

___ carpal tunnel syndrome

___ allergy to nut oils

___ low blood pressure

___ bursitis

___ hypo or hyperglycemia

___ contact lens

___ other conditions or problems in current or past pregnancy

_____

_____

_____

Anything else you would like me to know?

_____

_____

_____

I am experiencing a low risk / high risk (circle one) pregnancy according to my doctor/midwife. If I am currently having or develop complications (any conditions/symptoms listed above with *) I will discuss the condition with my massage therapist, and will have a medical release for bodywork signed by my prenatal care provider before continuing bodywork.

I have completed this health form to the best of my knowledge. I understand that Bodywork is a health aid and does not take the place of a physician's care. Any information exchanged during a Massage or Bodywork session is confidential and is only used to provide you with the best health care services.

If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance. If I miss a scheduled appointment without giving 24 notice, I agree pay any missed appointment charge.

Name (signature) _____ Date _____