

PERSONAL INFORMATION

☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.

Name	
Address	
Email	
Mobile Phone	
Home Phone	
Employer	
Work Address	
Work Phone	
Emergency Contact	
How did you hear about us?	

PRE MESSAGE INFORMATION

Have you had a pregnancy massage before? ☐ Yes ☐ No

If yes, how often?

Do you have any difficulty lying on your front, back, or side? ☐ Yes ☐ No

Explain

Do you have any allergies to oils, lotions, or ointments? ☐ Yes ☐ No

Explain

Do you sit for long hours at a workstation, computer, or driving? ☐ Yes ☐ No

Explain

Do you have sensitive skin? ☐ Yes ☐ No

PRENATAL MASSAGE CONTRAINDICATIONS

Massage therapy during pregnancy has been shown to be beneficial for a few common complaints such as fatigue, musculoskeletal pain, sciatica, edema, and many others. However, there are risks associated with specific conditions that may occur during pregnancy.

You must inform your massage therapist/practitioner if you have or have had in the past any of the following conditions or symptoms which may make massage therapy during pregnancy contraindicated or may require your therapist/practitioner to alter the massage.

- | | |
|--|--|
| <input type="checkbox"/> History of miscarriage | <input type="checkbox"/> Moderate to severe headaches |
| <input type="checkbox"/> History of high-risk pregnancies | <input type="checkbox"/> Gestational diabetes |
| <input type="checkbox"/> Cardiac, pulmonary, liver, or renal disorders | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Pre-mature Labor | <input type="checkbox"/> Multiples (twins) |
| <input type="checkbox"/> Pitting edema | <input type="checkbox"/> Leg cramps |
| <input type="checkbox"/> Epilepsy or other convulsive disorders. | <input type="checkbox"/> Restless legs |
| <input type="checkbox"/> Pre-eclampsia | <input type="checkbox"/> Sudden edema/swelling |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Bloody discharge |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Sudden weight gain |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Indigestion | <input type="checkbox"/> Moderate to severe nausea or vomiting |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Difficulty sleeping |

CLIENT RELEASE

I, _____, have read the conditions and symptoms which could make massage therapy during pregnancy contraindicated. The massage therapist/practitioner has discussed this information with me and provided opportunity for any questions. I have disclosed all high-risk factors of my pregnancy.

I have discussed with my prenatal healthcare provider/physician any health concerns, risks and benefits of receiving massage therapy while pregnant. I agree that my healthcare provider/physician has given me clearance to receive massage therapy.

I understand the information contained on this form and confirm that (1) I am receiving medical care including regular check-ups with a licensed healthcare provider. (2) I have not experienced any of the listed symptoms, conditions, or complications. (3) I am not currently experiencing any of the listed symptoms, conditions, or complications. (4) I am experiencing a low-risk pregnancy.

I understand that I will be receiving massage therapy as an adjunct form of health and wellness only and that this therapy is not meant to replace appropriate medical care given by my treating physician. I agree to stop all activity of massage if I feel uncomfortable at any time during treatment. I release the massage therapist/practitioner and Courted at The St. James (and its affiliates and their personnel) of all liability for any harm that may unintentionally occur during my treatment(s).

PRIVACY POLICY

Courted is committed to protecting and respecting your privacy, and we'll only use your personal information to administer your account and to provide the products and services you requested from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you, unless you notify us in writing that you do not want us to contact you by e-mail or text message. You can unsubscribe from our electronic communications at any time. For more information on our privacy practices, please review our [Privacy Policy](#) which is incorporated here by reference.

Signature

Date