



PRENATAL INTAKE CONSENT FORM

ABOUT YOU

NAME:	TODAY'S DATE
HOW MANY WEEKS PREGNANT ARE YOU TODAY?	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 a 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. I am aware that Willow Massage + Spa LMTs recommend that I am at least 13 weeks pregnant to receive a massage. 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 complications I will discuss them with my massage therapist.

I hereby voluntarily release Willow Massage + Spa 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 prenatal massage at my own risk.

SIGNATURE	DATE
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