

Name:	Phone No.
Address	
Emergency Contact:	DOB:
Weight:	Height:
Email:	Mailing list Yes / No
Where did you hear about me?	
Occupation:	Exercise current: Pre.Preg:

CONTRAINDICATIONS - MASSAGE CANNOT BE CARRIED OUT if you have any of the following:

**If below apply, please contact a medical professional asap if not already done so.
If your care provider is aware, we can discuss further regarding your massage treatment.**

- Fever + abdominal cramps + bleeding
- Vaginal pain or bleeding
- Urinary tract infection, cystitis or other bladder complications
- High blood pressure
- Fever or infection
- Blurred vision and Headaches

CONTRAINDICATIONS - MASSAGE CANNOT BE CARRIED OUT IF YOU HAVE ANY OF THE FOLLOWING ON THE DAY OF MASSAGE. Circle those that apply

Recent Heart Attack	A Contagious illness (this includes severe colds/flu)
Hemophilia	Diarrhea / vomiting
Meningitis	Under influence of drugs /alcohol
Impetigo	Scabies
Ringworm	Headlice
Current migraine	Previously or currently being treated for cancer*
If you've ever had Thrombosis	*I recommend you see someone who has had specialist training for treating cancer patients Visit the Cancer Research UK website 'Therapies' page for info

**CONTRAINDICATIONS REQUIRING DOCTOR/Midwife NOTE OF PERMISSION or verbal agreement
Circle those that apply**

Pagets Disease Osteomalacia Osteoporosis	Recent operations (past year), or any that I need to be aware of	Phlebitis
Hardened arteries / sclerosis (stiffening of structure/connective tissue)	Ever suffered from a stroke, heart attack or have a heart condition	Neurological disorders (diseases of the nervous system. Eg Epilepsy, Alzheimer's, Parkinson's,

CONTRAINDICATIONS THAT RESTRICT TREATMENT – Treatment may be adapted. Circle those that apply.

- Cold sores
- Athletes foot
- Verruca
- Headache

Is this your first pregnancy? Yes/No	Children's ages:
How many weeks are you?	Due Month:
When did you last see the midwife?	Have you had any scans?
Have you had any complications / under consultants care?	
Any pelvic discomfort?	Hypermobile?
High blood pressure?	
Swelling / Oedema (have you been diagnosed with a medical reason for this?)	
Position of placenta?(after 10wks)	Aware of babies position? (if 28wks+)

Heartburn (if severe, check with care provider)	Constipation
Hypotension (if regular, check with care provider)	Piles
Gestational Diabetes (are you under treatment? Yes/No)	Cramp
Sickness	Fatigue
Anemia	Stress
Carpal tunnel syndrome	Supine Hypotension (sweating, dizziness, nausea when lying on back)

If I am currently having or develop complications (any conditions/symptoms listed above) I will discuss the condition with my massage therapist, and will have a medical release for massage signed by my prenatal care provider before continuing bodywork.

I understand the massage I receive is for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I'll immediately let Phillippa know so that the pressure and/or strokes can be adjusted to my level of comfort.

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a qualified medical specialist for any mental or physical ailment that I am aware of.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and

agree to keep Phillippa updated with any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Please see my website for Privacy Statement and how your data is used.

Date:

Signed:

