Medical Questionnaire

Name_____ D.O.B_____

Address_____ Telephone_____

Expected Delivery Date_____ Email_____

Occupation_____

Emergency Phone Contact: _____ Phone_____

How did you learn about me? _____

Have you received Massage Therapy_____ What Kind? _____

How often? _____

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

Do you exercise? _____ How many times a week? _____ For how long? _____

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_____

_____

Pre-natal Care Provider/ Doctor _____ Telephone _____

My due date_____

This is my _____ (1^{st} 2^{nd}…) pregnancy. This will be my _____ (1^{st} 2^{nd} …) birth

I am _____ weeks pregnant in my _____ (1^{st} 2^{nd} 3^{rd}) trimester

Please check (√) current problems, mark with (+)

__ Anaemia

__ Leaking amniotic fluid or Vaginal bleeding *

__ Bladder infection *

__ Uterine Bleeding *

__ Blood clot or phlebitis*

__ Abdominal cramping*

__ Diabetes (gestational or mellitus)

__ Oedema /swelling

__ Fatigue

__ Headaches

__ Insomnia

__ High Blood pressure*

__ Leg cramps

__ Miscarriage*

__ Heartburn

__ Nausea

__ Problems with placenta*

__ Pre-term Labour*

__ Pre-eclampsia(toxaemia)

__ Sciatica

__ Separation of the rectus muscles

__ Separation of the symphysis pubis

__ Skin disorders

__ Excess thirst

__ Varicose veins

__ Visual disturbances*

__ Previous caesarean birth

__ Contagious conditions

__ Muscle sprain/strain

__ Heart attach/stoke

__ Allergies

__ Low Blood pressure

__ Morning Sickness

__ Anxiety, stress or mood swings

__ Breathlessness

__ Any other conditions or problems in current or past pregnancy

Anything else you would like me to know? _____

_____

I am experiencing a Low/ 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 medical release form signed by my pre-natal care provider before we can continue with massage.

I have completed this health from to the best of my knowledge. I understand that massage is a health aid and does not take the place of medical care. Any information exchanged during a massage session is confidential.

Name _____Date _____