



PRENATAL / PREGNANCY MASSAGE ADD-ON FORM

Form with fields for: Full Name, DOB, Prenatal Care Provider, Provider phone, Prenatal Provider Address, May I have permission to contact your care provider?, What is your Due Date?, What trimester are you in?, How many weeks?, How many previous pregnancies have you had?, What # birth will this be?, Is this considered a high-risk pregnancy?, If high-risk, please explain:, Would you prefer to lay face down on pregnancy pillow or lay down on your side?, Please indicate your desired focus areas during pregnancy massage:, Do you have any concerns regarding prenatal massage?

Please tick [X] any current or past conditions:

- anemia, edema/swelling, pre-term labor, miscarriage, leaking amniotic fluid, fatigue, preeclampsia (toxemia), cesarean birth, bladder infection, headaches, sciatica, multiple birth, uterine bleeding, insomnia, skin disorders, rectus muscle separation, blood clot or phlebitis, high blood pressure, athletes foot, symphysis pubis separation, chronic hypertension, leg cramps / foot cramps, varicose veins, hypo or hyperglycemia, abdominal cramping, nausea, contagious conditions, bursitis, gestational diabetes, placenta problems, muscle strain/sprain, arthritis, diabetes (mellitus), heart attack/stroke, carpal tunnel syndrome, low blood pressure, other, explain:

Legal disclaimer text: I, the undersigned client, understand that massage therapy provided by Krave Therapeutic Massage is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, and improve circulation. I understand the therapist at Krave Therapeutic Massage is NOT a physician and that massage therapy is NOT a substitute for medical treatment or medications. I understand it is recommended that I concurrently work with my Primary Physician for my medical conditions. I am aware that the massage therapist does NOT diagnose illness or disease, does NOT prescribe medications or perform spinal manipulations. I understand that the best results of massage therapy will be with ongoing treatment on a regular basis. I further understand the importance of water consumption after a massage session to flush toxins from my system and that my failure to do so may result in unnecessary muscle soreness. I understand that the consumption alcoholic beverages after massage contraindicated and is not recommended. I will immediately let the therapist know of any pain or discomfort so that pressure and strokes can be adjusted to my level of comfort. I understand that bodywork is a health aid and does not take the place of a physician's care. I hereby voluntarily release Krave Therapeutic Massage and any of its therapists or affiliates 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 a prenatal / pregnancy massage at my own risk.

Client Signature: Date: