

# PREGNANCY QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery Due Date: \_\_\_\_\_

Name of Obstetrician/Midwife? \_\_\_\_\_ Phone: \_\_\_\_\_

Please describe how you have felt (physically and emotionally) during this pregnancy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any complications or abnormalities? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

If yes, do you have the approval of your midwife or physician to receive massage? \_\_\_\_\_

Do you have any of the following conditions or symptoms?

- |   |   |
|---|---|
| <input type="checkbox"/> High Blood Pressure                      | <input type="checkbox"/> Abdominal Pain (or unusual pain else where in your body) |
| <input type="checkbox"/> Preterm Labor                            | <input type="checkbox"/> Diarrhea   |
| <input type="checkbox"/> Toxemia/Preeclampsia                     | <input type="checkbox"/> Decreased Fetal Movement in past 24 hours                |
| <input type="checkbox"/> Diabetes                                 | <input type="checkbox"/> Excessive Swelling of Hands, Legs and/or Face            |
| <input type="checkbox"/> Fever                                    | <input type="checkbox"/> Varicose Veins   |
| <input type="checkbox"/> Vaginal Bleeding &/or Abnormal Discharge |   |

*(The above conditions are contraindicated for massage – If you marked any of them your therapist may need the approval of your physician to continue or may not be able to work on you at this time.)*

Have you eaten within the last 3 hours? \_\_\_\_\_

Are you experiencing any tension or soreness in your muscles at this time? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Are you sensitive to any scents or smells? \_\_\_\_\_

Would you like to have your abdomen massaged?  yes  no

Is there anything else you would like to discuss about your pregnancy? \_\_\_\_\_

The above information is accurate and true to the best of my knowledge. I understand that massage therapy is not a substitute for medical attention or examination. I take responsibility for updating my practitioner to any physical, mental or emotional changes that occur with my health during my pregnancy. I agree that I am seeking massage voluntarily for treatment of mild discomfort due to pregnancy and/ or relaxation to me and my baby. Any other reason or intention I have for seeking massage during pregnancy I have discussed with my therapist; and I have disclosed all information that may relate.

Signature: \_\_\_\_\_