

Informed Consent Agreement For Prenatal Massage

All information is strictly confidential and will be released only with approval from you. This information helps your therapist provide you with the highest quality of care. Thank you!

Name _____

Address _____

City _____ State _____ Zip Code _____

Phones (H) _____ (W) _____

(C) _____ (e-mail) _____

Birth Date _____ Occupation _____

How were you referred to us? _____

Have you ever had a professional massage before? _____

About how long ago? Or how often received? _____

I am over 18 years of age: Yes No, requires parental consent

Weeks pregnant _____ Due date _____

We welcome you to receive professional services in Therapeutic Massage and Bodywork for stress reduction, relief from muscular tension and pain, or for general preventative health care. Studies through the Touch Research Institute at the University of Miami consistently show benefits of improved functioning for adults and children through regular massage and bodywork. We trust this will be your experience as well. Your therapist will be able to discuss these benefits with you further.

The laws regulating Therapeutic Massage in Texas and monitored by the Texas Department of Health require that we discuss the following five categories with you and ask for your signature.

1. The **type** of massage techniques the therapist anticipates using are:

Prenatal Swedish Range of Motion Trigger Point Reflexology
Lymphdrainage Acupressure Somatic Breathwork Reiki
Energy balancing

The transgradient techniques of the **Surya Program**:

Integrative Healing Personal Process Surya Ram™ Meditation

2. The **parts of the body** to be massaged in an individual session or series are:

Full body Head Neck Shoulders Low back Back Hips Legs
Feet Pelvis Arms Hands Abdomen Face TMJ/Mouth/Intraoral

Other:_____

Indications for massage:_____

The parts you wish the therapist to avoid are:_____

Contraindications:_____

3. The therapist will not engage in breast massage of female clients without written consent of the client. You may talk to the therapist if you have questions.
4. Appropriate draping will be used during each session. If you get too cool or warm, let your therapist know and they will adjust the draping and room temperature accordingly.
5. If you are uncomfortable at any time, for any reason, you may ask the therapist to stop the massage. If necessary, you may report any misconduct to the Texas Department of Health, (512) 834-6616.

We desire to provide you with the highest quality massage therapy and bodywork through attention, consideration and skill. We believe that our services will work to help you co-create a healthy lifestyle.

Client Signature_____Date_____

Therapist Signature _____ Date _____

Health Information Form for Pregnancy

Please answer the following questions to help us discover if there are potential problems which we should discuss together. This information is completely confidential.

How would you rate your stress level today:

No stress 0 1 2 3 4 5 6 7 8 9 10 High Stress

Please describe anything you want me to know in this regard:

Describe exercise activities you do:

Regularly:

Occasionally:

List any medications or supplements you are currently taking:

Please list any accidents or operations you have had and describe as necessary:

I have been or am currently being treated for a medical condition related to my pregnancy. If yes, please describe:

Was or is miscarriage a concern in this pregnancy?

Have you had any previous pregnancies? Was there anything significant about those pregnancies?

How would you characterize your 1st trimester?

Second trimester?

Third trimester?

What excites you about this pregnancy & birth?

Reproductive System:

____ Pelvic Inflammatory Disease ____ Endometriosis ____ PMS

____ Fertility Concerns ____ Painful Menses

Other _____ Age at onset of first period: _____

____ Yes ____ No. Is there anything in your sexual development that you'd like to discuss?

____ Yes ____ No. Have you ever been or are you now in an abusive relationship (that is, physically or emotionally threatened, insulted, beaten, injured or made to take part in sexual activities against your will?)

Endocrine System, problems with:

____ Pituitary/Hypothalamus ____ Pineal ____ Thyroid/Parathyroid

____ Thymus ____ Adrenal ____ Pancreas

____ Ovaries Other _____

If this is your first visit, please **shade in the Body Map Form** with any areas of your body that need specific attention.

I have stated all conditions that I am aware of and this information is true and accurate to the best of my knowledge. I will inform the health care provider of any changes in my status.

