

Brenda Goodell, HHP

Prenatal Intake and Health History

Name: _____ Phone: _____

Address: _____

Date: _____ Date of Birth: _____ Referred by: _____

Primary Physician/Health Care Provider: _____ Phone: _____

It is my intention to provide you with a safe and nurturing experience during and following your pregnancy. There are some conditions I need to be aware of in order to facilitate our treatment in the best interests of you and your baby. As your massage therapist, I want your session to be safe for both you and your baby, thus we ask for a signed release from you and your maternity health care provider prior to beginning any therapeutic massage sessions with you. The reasons for this are:

- a. It gives you an overview of what you can expect.
- b. It allows you to make your health care provider aware of your desire to receive therapeutic massage during your pregnancy.
- c. It gives your health care provider a chance to communicate to you and me any precautions or limitations that are in the best interest of you and your child.

Following are some questions and symptoms that I will use to determine an effective and personal approach to your treatment. *The presence of high risk factors or symptoms does not rule out the application of all therapeutic massage during your pregnancy, but merely indicates the need for a higher level of communication between you and all of the primary and adjunctive health care providers involved during your pregnancy and the contraindication of certain techniques.*

1. In what week of pregnancy are you? _____

2. Are you regularly seeing a physician, nurse-midwife, or midwife? _____

3. What discomforts, pain, or other needs are you hoping to be able to address through our massage treatments? _____

4. Are you taking any medications? If so, could you please list their names and your reason for taking? _____

5. Do you have any allergies? If so, please list: _____
Please check any of the following that may apply to you:

Non-pregnancy related complications:

- | | |
|--|---|
| <input type="checkbox"/> Cancer or undiagnosed lumps | <input type="checkbox"/> Varicose veins |
| <input type="checkbox"/> Infection (eg. Cold, flu) | <input type="checkbox"/> Thrombophlebitis |
| <input type="checkbox"/> Autoimmune disorder | <input type="checkbox"/> Skin irritation/discharge |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Acute injury (eg. fracture/burn/bruise/sprain) |

Past / Present Pregnancy Complications:

- | | |
|--|--|
| <input type="checkbox"/> Gestational diabetes | <input type="checkbox"/> Fetal development complications |
| <input type="checkbox"/> Threatened miscarriage | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Early labour | <input type="checkbox"/> Pregnancy-induced hypertensive disorders
(pre-eclampsia/eclampsia/toxemia) |
| <input type="checkbox"/> Placental dysfunctions | <input type="checkbox"/> Kidney, liver, and/or bladder disorders |
| <input type="checkbox"/> Caesarean birth (recent or planned) | |

High Risk Factors:

- | | |
|---|--|
| <input type="checkbox"/> Pre-pregnancy diabetes | <input type="checkbox"/> Genetic disorder/DES exposure/uterine abnormalities |
| <input type="checkbox"/> Cardiac disorders | <input type="checkbox"/> Multiple pregnancy |
| <input type="checkbox"/> Hypertension/high blood pressure | <input type="checkbox"/> Mother's age under 20 or over 35 |
| <input type="checkbox"/> Thyroid disorder | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Rh negative | <input type="checkbox"/> Drug/alcohol abuse |
| <input type="checkbox"/> Previous complications during pregnancy
(see above) | <input type="checkbox"/> Renal/liver/blood/convulsive disorders |

General Information

Massage therapy during pregnancy or postpartum is not intended to replace prenatal and postpartum care. Used as a form of adjunctive health care, potential benefits are:

- Reduces stress and promotes relaxation and normal blood pressure
- Relieves muscle spasms, cramps, and myofascial pain, especially in the back, neck, hips, and legs
- Increases blood and lymph circulation and supports the physiological processes of pregnancy
- Reduces stress on weight-bearing joints and eases musculoskeletal strain and pain
- Provides physical nurturance and emotional support
- Enhances a woman's kinaesthetic awareness and her ability to relax deeply, which may be helpful during labour
- Offers labour supportive techniques that may increase comfort during labour

- Promotes shorter, less painful labours and reduction of complications
- Assists postpartum restoration of abdomen and weight-bearing muscles and joints
- Provides new mothers postpartum support with the physical and emotional aspects of infant care
- Promotes healing, including post-caesarean scars

Each massage session is designed to meet your specific needs on that particular day or during that particular stage of your pregnancy. The session will be modified as needed based on your feedback. Your comfort and safety – and the safety of your child – are of the utmost concern at all times during the session. Be sure to request changes in pressure, speed, or any other objectionable aspects of your massage. During your massage session, you will undress to your comfort level and will be covered by a sheet; only the area being worked will be uncovered. Your breasts and genital area are not exposed, touched, or massaged unless specific perinatal health conditions warrant **and** you have specifically requested such procedures. My preferred method of addressing issues pertaining to these areas is educating you and/or your partner so that you may apply techniques yourself comfortably and safely at home.

I abide by the Code of Ethics and Conduct as set forth by the National Certification Board for Therapeutic Bodywork & Massage, a national association representing professional massage therapists and wholistic practitioners throughout the United States. A copy of this Code of Ethics is kept on file in our office – if you would like to look it over, please do not hesitate to ask. Any questions you have will be addressed prior to any therapeutic sessions.

I have passed a written and practical exam following participation in a comprehensive curriculum specifically focused on massage during and following pregnancy. The curriculum included advanced massage techniques, specific pregnancy and postpartum exercises, and support measures. Techniques are geared to the unique concerns of each trimester and of the postpartum period. The training included detailed information on the anatomy and physiology of pregnancy, labour, and birth, with emphasis on the contraindications of therapeutic massage during normal and complicated pregnancies. Learning to recognize signs of complications was an important component of training as well. I am committed to safely nurturing you and your baby, and I look forward to working with you in our sessions.

Brenda Goodell
Member of NCBTMB

Client Release

I verify that I have been informed of the possible benefits and the contraindicated conditions for massage therapy during pregnancy and postpartum. I will discuss with my physician/certified prenatal health care provider any health concerns that I have about massage therapy. I further verify that: (check one)

_____ I have not had nor do I now have any prenatal complications nor any of the conditions listed on the previous page.

_____ I have noted on the previous page all prenatal complications, risks, or conditions I am/have experienced **and** have obtained my maternity health care provider's release.

I understand that I will be receiving massage therapy as a form of adjunctive health care only, and that the massage therapy I receive is not a substitute for obstetric, prenatal, or perinatal care from a medical doctor or other licensed provider.

I hereby release and hold harmless and defend Brenda Goodell, practitioner, and her heirs from any claims, liability, demands, and causes of action arising from my and my child's participation in this therapy.

Signature: _____ Date: _____ Print Name: _____

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**Maternity Health Care Provider
Release for Therapeutic Massage During Pregnancy/Postpartum**

Your patient, _____, has requested prenatal therapeutic massage. Therapeutic massage during pregnancy is provided as adjunctive health care by a massage therapist who has been certified in Pre- and Perinatal Massage Therapy (certification requires completion of a comprehensive, hands-on training program as well as passing both a written and practical exam).

It is our policy to work with her only if her maternity health care provider has reviewed this request with her. In addition, if her pregnancy is high risk, or she has experienced any complications or contraindicated conditions, we require a written release from her health care provider stating any specific limitations or precautions that you feel to be appropriate/necessary.

Please verify your clearance of this request by your signature below. This verification can be modified or withdrawn at any time should your patient's health status change. I welcome this opportunity to work with you in providing prenatal care for your patient. Thank you for your time and assistance.

Patient's pregnancy is: low risk high risk

Specific limitations or precautions:

You (Brenda Goodell) may contact me directly for clarifications regarding this patient: Yes No

Signature: _____ MD DO Midwife Date: _____

Please print your name: _____ Office Phone: _____ Fax: _____