



Bryant Chiropractic and Massage - Kate Bryant, LMP
"Nurturing Care For Mothers and Their Babies"
License Number: MA00021223, Certified in "Massage For The Childbearing Year"
12443 Bel-Red Road, Suite 310, Bellevue, WA 98005
Phone: 425 - 890 - 8983 Fax: 425 - 412 - 4949
e-mail: kate@massagetherapy.com website: www.bellevuepregnancymassage.com

Name: _____ DOB: _____ Today's Date: _____

Week of Pregnancy: _____ Expected Due Date: _____ Boy or Girl _____

Physician/ Midwife Name: _____ Phone Number: _____

Where are you planning on giving birth (Name of hospital/birthing center/home)?

Please check any complications or conditions you may have experienced in this pregnancy:

- | | |
|---|--|
| <input type="checkbox"/> Multiple pregnancy (twins, etc.) | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Phlebitis |
| <input type="checkbox"/> Placental Dysfunction | <input type="checkbox"/> Leg Cramps |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Restless Legs |
| <input type="checkbox"/> Pre-eclampsia | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Threatened Miscarriage | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Premature Labor | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Bladder Infection | <input type="checkbox"/> Hemorrhoids |
| <input type="checkbox"/> Swollen Hands and/or Feet | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Other: _____ | |

Please, indicate any areas, where you have any tension, discomfort or pain:

Are there any areas, on which you particularly want to focus in your massage session? Is there anything else you want me to know about your health or pregnancy?



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Pregnancy Massage Information and Informed Consent

Massage during pregnancy provides many benefits. It enhances circulation, supporting the work of your heart, and increases oxygen and nutrients delivered to your baby. It can relieve the sensation of heaviness and aching in your legs caused by swelling or varicose veins. It can optimize your muscle tone and function, relieve muscle strain and fatigue, and reduce strain to your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you have been told your pregnancy is high-risk, please notify the therapist.

Please, read and sign the acknowledgement below:

I have received and read written information concerning the possible benefits of massage therapy during pregnancy. I verify that I am experiencing a low risk pregnancy, and have stated all my known medical conditions. I understand that I will be receiving massage therapy for the purpose of stress reduction, relief from muscle tension or spasm, or for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness and, as such the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. I am aware that this massage is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I might have. I understand and agree that I am receiving massage therapy entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I hear by hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

Signature: _____ Date: _____

Print Name: _____

LMP's Name and Signature: _____