ody Balance Wellness & Massage Trigger Point Therapy Myofascial Release Remedial Therapeutic Approx due date: Number of weeks pregnant at present: Are you having support people at your birth? Is this your first pregnancy? Yes / No) (if no, how many children do you have?) **Medical History** Do you have or have you had: High Blood Pressure Low blood Pressure **Burning Urination** Blurring vision or spots No Heavy bleeding, cramps or abdominal pain Varicose veins, vulva variscosities, Yes heamorrhoids face hands/arms legs ankles/feet Swelling in: Severe or persistent headaches Yes / (No Yes (No) Severe low back pain Yes (No) Saco-iliac pain Yes / (No Sciatica Yes / No Pubic Symphysis pain Xes / Leg cramps Yes (No) Sugar in urine Yes (No Tenderness or heat in legs: Do you have any other current discomfort or pain? Are you receiving medical treatment at present? Are you exercising during your pregnancy? What would you like from your massage today? I HICICICA CHAMhave read the above information and agree it to be correct. I am not aware of any condition, medical or otherwise that would contra-indicate receiving massage during my pregnancy.

Date: 8/8/1