



Name: Samantha Wheeler

Date of Birth: 27/11/1990

Address: Unit 52 1-19 Warbler Parade Varsity Lakes QLD 4227

Phone _____ Mobile: 0487 196 391

Email: samantha.wheeler@live.com.au Occupation: zookeeper

Height: 157cm Weight : 70kg

Emergency contact name and phone number: Alex Purcell 0455 550 332

Referred by:

Week of Pregnancy: 35 Expected due: 19/08/22

Is this your first pregnancy: Y Number of children/pregnancies: age of children:

Intended place of birth: Gold Coast Private Hospital

Doctor/Midwife/Care provider- name and contact details: Dr Yasmin Pilgrim 5594 7632

Have you had pregnancy massage in this or previous pregnancies. - Details and comments:

No previous pregnancy massage

Current medications (including vitamins, herbs, over the counter and prescription medications:

Blackmore pregnancy multivitamins, Cenovis magnesium

Primary reason for appointment and or areas of pain:

Hip and pelvic discomfort, slight lower back pain

Do you suffer from any of the following please circle yes or no

Heart/blood circulation disorders NO

Spinal Disorders NO

Sciatica/Gluteal pain NO

Illness NO

Injuries NO

Surgery NO

Accidents NO

Osteoporosis/arthritis NO

Varicose veins NO

Allergies/skin problems YES

Headaches. YES

Pain/numbness NO

Bladder infection NO

Uterine Bleeding NO

Chronic Hypertension NO

Blood clot or Phebitis NO

Placenta insufficiency NO

Low back pain YES

Hip Pain YES

Separation of symphysis pubis NO

Separation of abdominal Muscles NO

Leg cramps YES

Carpel tunnel NO

Nausea NO

High Blood Pressure NO

Oedema/swelling YES

Diabetes NO

Preterm Labour NO

Abdominal cramping NO

Pre-eclampsia NO

More than 2 consecutive miscarriage NO

Other (please specify below) NO

Any problems experience in current or past pregnancies:

N/A

Any family history of any of the conditions mentioned above: Yes or No - If yes please specify

No

How many hours sleep per night?: 4-5 Sports/Activities: Yoga/Walking

I consent. to pregnancy massage and will advise this practice of any changes which may affect my current treatment approach. My therapist has explained the intended treatment risks and benefits

Signed :  Date: 18/07/22

Which Private Health Fund are you in: AHM

Would you like to be included to our mailing list. YES