Pregnancy Massage Client Form Private & Confidential

Name Kate Vardy

Date of Birth 14/05/1992

Address 3018/397 Christine Ave Varsity Lakes

Phone _____ Mobile 0424 789 478

Email Katevardy@gmail.com Occupation Teacher

Height 165cm Weight 65kg

Emergency contact name and phone number Tim Fulton 0410 743 413

Referred by _____

Week of Pregnancy 32 Expected due 20/11/21

Is this your first pregnancy (Y)/N Number of children/pregnancies ____ age of children_____

Intended place of birth GCUH

Doctor/Midwife/Care provider- name and contact details ~~YMVL~~ YMVL

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

No

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

Pregancy Vitamins - Elivate

Primary reason for appointment and or areas of pain

Self-care.

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

Heart/blood circulation disorders YES/NO
Spinal Disorders YES/NO
Sciatica/Gluteal pain YES/NO
Illness YES/NO
Injuries YES/NO
Surgery YES/NO
Accidents YES/NO
Osteoporosis/arthritis YES/NO
Varicose veins YES/NO
Allergies/skin problems YES/NO
Headaches. YES/NO
Pain/numbness YES/NO
Bladder infection YES/NO
Uterine Bleeding YES/NO
Chronic Hypertension YES/.NO
Blood clot or Phebilitis YES/NO
Placenta insufficiency YES/NO

Low back pain YES/NO
Hip Pain YES/NO
Separation of symphysis pubis YES/NO
Separation of abdominal Muscles YES/NO
Leg cramps YES/NO
Carpel tunnel YES/NO
Nausea YES/NO
High Blood Pressure YES NO
Oedema/swelling YES/NO
Diabetes YES/NO
Preterm Labour YES/NO
Abdominal cramping YES/NO
Pre-eclampsia YES/NO
More than 2 consecutive miscarriagesYES/NO
Other (please specify below) YES/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

N/A

How many hours sleep per night? 8 Sports/Activities Pilates / 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 JKNarely Date 29/09/2021

Which Private Health Fund are you in Teachers Health

Would you like to be included to our mailing list. YES/NO