

Center for Integrative BodyWork

Client Intake - Pregnancy Addendum

This form requests additional information specific to your pregnancy. It reviews various aspects of your current health and identifies factors that may be considered high risk. Upon review of this addendum, you may be requested to obtain a medical release from your obstetrician prior to obtaining your massage(s).

Last Name: _____ First Name: _____

Current trimester: 1st 2nd 3rd If known, what is your due date: _____

Seen by your Obstetrician yet? Yes No If yes, last check-up date: _____

Obstetrician's Name: _____ Phone: _____

Today's Date: _____

Please check any items that may apply:

- Under 20 or over 35 years of age
- Complications with previous pregnancies
- Three or more spontaneous miscarriages
- Current or history of multiple gestation
- Diabetes mellitus; chronic hypertension; cardiac, renal, connective tissue, or liver disorders
- Rh negative mother, genetic problems, uterine abnormalities
- Fetal genetic disorders
- Drug use or hazardous materials exposure
- Recent spotting
- Unusual cramping or abdominal pain

Additional Comments / Requests:
