



BELLA VIA
Skin and Body Therapies

PREGNANCY MASSAGE INTAKE FORM

Name: _____ Age: _____ Today's Date: _____

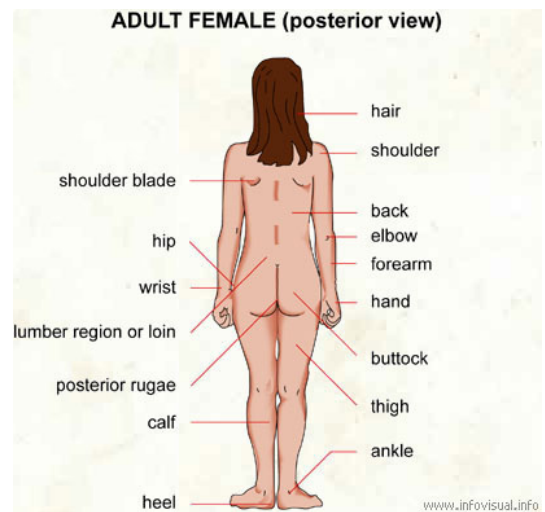
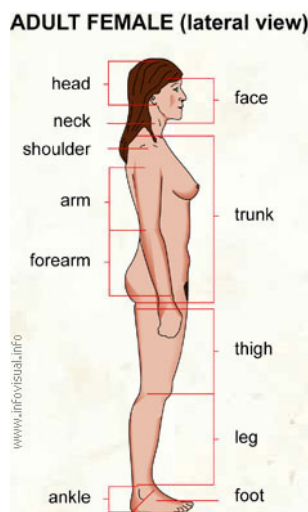
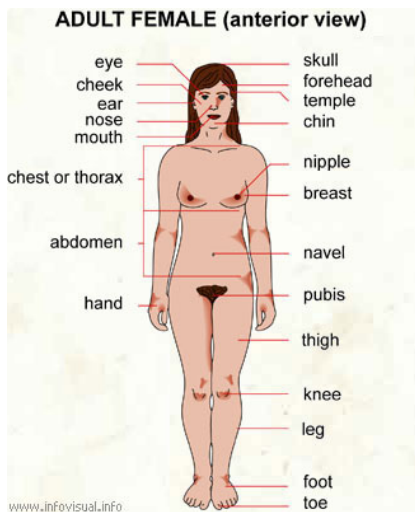
Week of Pregnancy: _____ Expected Due Date: _____

Physician: _____

Please check any complication or condition you may have experienced during this pregnancy:

- | | |
|---|--|
| <input type="checkbox"/> multiple pregnancy (twins) | <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"/> difficulty sleeping |

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



Is there any area that you would like the massage therapist to particularly focus on during your massage session?

Is there anything else you want your massage therapist to know about your health or pregnancy?

Pregnancy Massage Information and Informed Consent

Massage during pregnancy provides many benefits; It enhances circulation, supporting the work of your heart, and increasing the 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 in your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy. If you have been told that your pregnancy is high-risk, please notify the therapist.

Please read and sign the acknowledgment below:

I have received and read written information concerning the possible benefits of massage therapy. I verify that I am experiencing a low-risk pregnancy, and have stated all of 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, and/or for an increase in 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 does she 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 may have. I understand and I 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 hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever.

Signature: _____

Date: _____

Thank you for visiting Bella Via!



Affiliated with Reconstructive &
Aesthetic Surgeons, Inc.
419.534.6551 • www.RASInet.com

Craig W. Colville, M.D., F.A.C.S.
John F. Zavell, M.D., F.A.C.S.