



PRENATAL INTAKE CONSENT

CORE VITAL MASSAGE THERAPY & WELLNESS

ABOUT YOU	NAME	TODAYS DATE
	WHAT TRIMESTER ARE YOU IN?	DUE DATE
	PRENATAL CARE PROVIDER/ DOCTOR'S NAME	
	PROVIDER'S TELEPHONE NUMBER	MAY WE CONTACT IF NECESSARY? <input type="checkbox"/> yes <input type="checkbox"/> no
HEALTH HISTORY	Have you had prenatal massage before? <input type="checkbox"/> yes <input type="checkbox"/> no	
	Is your pregnancy considered high risk? <input type="checkbox"/> yes <input type="checkbox"/> no	
	If yes, please explain:	
	Have you had any problems or complications with this pregnancy? <input type="checkbox"/> yes <input type="checkbox"/> no	
	If yes, please explain:	
If you have any issues you do not wish to state on this form, please discuss it with your therapist.		
Is there anything we can do to make your massage experience more comfortable, relaxing and/or enjoyable?		
AUTHORIZATION	BY SIGNING BELOW, I AGREE AS FOLLOWS:	
	I have completed this intake and consent form to the best of my knowledge. I understand that massage therapy is a health aid and does not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide the best massage care. If I am having or develop any complications I will discuss them with my massage therapist. I hereby voluntarily release Core Vital Massage Therapy & Wellness, and it's therapists from any liability should my condition be aggravated at any time. By signing below, I agree that I have read the information above and have decided to receive prenatal massage at my own risk.	
	SIGNATURE	DATE