

Ruby Moon Wellness
Sarah Lawrence, LMP
Seattle, WA (206) 356-1291
www.rubymoonwellness.com

Prenatal Massage Therapy Intake and Consent Form

Name _____ Date of Initial Visit _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____ Email _____

Date of Birth _____ Age _____ Occupation _____

Marital status _____ Referred by _____

Emergency Contact _____ Relation _____

Have you had-massage/bodywork before? _____ What type? _____

Pregnancy Information

Week of Pregnancy _____ Planned Birth Place _____

Prenatal Healthcare Provider _____ [] Midwife [] Doctor

I have had _____ previous pregnancies and _____ previous births.

I'm carrying [] one baby [] twins or more Estimated Due Date _____

Have you ever experienced any of the following?
[] Miscarriage [] Stillbirth [] Ectopic Pregnancy

Fluid Intake _____ Exercise Routine _____

Stress Level _____ Energy Level _____

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

- | | |
|--|---|
| <input type="checkbox"/> Morning Sickness | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Gestational Diabetes | <input type="checkbox"/> Vulvar Varicosities |
| <input type="checkbox"/> Placental Dysfunction | <input type="checkbox"/> Leg Cramps/Restless Legs |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Anxiety/Depression |
| <input type="checkbox"/> Pre-eclampsia | <input type="checkbox"/> Headaches/Migraines |
| <input type="checkbox"/> Threatened Miscarriage | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Carpal Tunnel Pain | <input type="checkbox"/> Indigestion |
| <input type="checkbox"/> Swollen Hands and/or Feet | <input type="checkbox"/> Constipation/Gas |
| <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Sciatica | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Restricted Breathing | <input type="checkbox"/> Uterine Abnormalities |
| <input type="checkbox"/> Pain in Pubic Bone | <input type="checkbox"/> Dizziness/Fainting |

Current Medications/ Supplements/Remedies _____

Allergies (specify allergen and reaction) _____

Surgical History (year and type) _____

Hospitalizations _____

Accidents or Traumas _____

With previous pregnancies, what was your experience of:

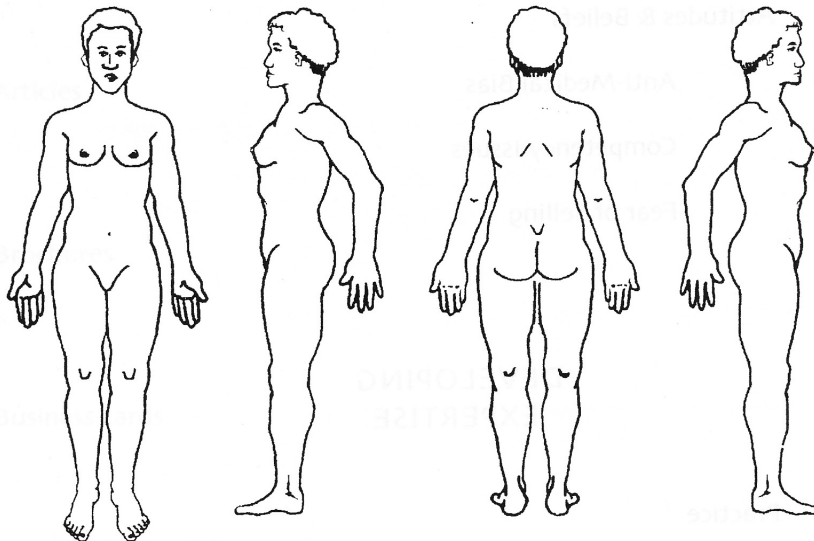
Pregnancy _____

Labor Cesarean Premature Birth was induced

Delivery _____

Post Partum Trouble breastfeeding Postpartum Depression

Is there anything else you would like me to know about your health or pregnancy? _____



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

Disclosure Statement and Consent Form

I understand that Sarah Lawrence, LMP (Ruby Moon Wellness) is not a doctor and that this work is not represented as a substitute for medical care. I have listed all my known medical conditions and will inform Sarah of any change in my health between massage sessions. I am also responsible for consulting a qualified primary care provider for any physical ailment(s) that I may have. I further understand that a massage practitioner neither diagnoses nor prescribes for illness, disease, or other medical, physical, or emotional disorders, nor performs any thrusting joint/spinal manipulations nor engages in any sexual activity during or under the pretense of a massage session.

I, the undersigned hereby authorize Sarah Lawrence, LMP (Ruby Moon Wellness) who is currently licensed in the State of Washington (Lic # MA00021717) to perform the following treatment procedures:

- **Acupressure:** Acupressure uses the fingers to skillfully press key points on the body. When these trigger points are pressed they release muscular tension, promote blood circulation, and assist the body's energy.
- **Aromatherapy:** The use of aromatic plants for medicinal and healing purposes. Essential Oils (volatile oils) are applied to the skin directly or mixed with carrier oil and then applied to the skin. Possible side effects of essential oils are headache or allergic reaction.
- **Dietary Advice:** Food and supplement advice based on nutritional and western medical herbal studies.
- **Herbal Remedies:** Medicinal plants that are used to help alleviate ailments of the body. As is the case with any medicine, not all remedies work for each person and some people may experience mild to severe side effects, which may include death, however this is very rare. It is also important to note that no herbs have been approved, by the FDA, as "medicine" in clinical trials and that herbal remedies are only approved under dietary supplements.
- **Massage:** Therapeutic massage addresses tension and holding patterns in muscles and connective tissue thereby helping to relieve pain, stress, tightness and restricted mobility of joints.
- **Pelvic Floor Release:** Massage, trigger point, and release work for the muscles that make up the pelvic bowl. This work is not internal pelvic floor work.
- **Arvigo Techniques of Maya Abdominal Therapy (Including Castor oil packs, uterine steams, and Rainforest Remedies herbal medicine):** Specific massage therapy and adjunct techniques for the abdomen, pelvis, sacrum, low back and hips that work to bring about correct positioning of organs that have shifted and now restrict the flow of blood, lymph, nerve & chi energy.
- **Prenatal Massage:** Therapeutic massage during pregnancy to address the specific changes and concerns of the pregnant body. Please notify the therapist if the pregnancy is considered high risk.

I recognize the potential risks and benefits of the procedures described above, including a potential for the aggravation of symptoms existing prior to treatment. With this knowledge, I voluntarily consent to the above procedures, realizing that no guarantees have been given to me by Sarah Lawrence, LMP (Ruby Moon Wellness) regarding the cure or improvement of my conditions. I understand and agree that I am receiving massage therapy entirely at my own risk. I hereby release Sarah Lawrence, LMP (Ruby Moon Wellness) from any and all liability which may occur in connection with the above-mentioned procedures. I understand that I am free to withdraw my consent and to discontinue participating in these procedures at any time.

I understand that if I cancel with less than 24 hours notice or do not show up for an appointment I will be billed 80% of the service(s) reserved.

I understand that under HIPPA law health care providers are required to protect the privacy of your PHI: "Protected Health Information" which includes your name, contact information, notation of each visit and health information. Knowing this, I authorize Sarah Lawrence, LMP to take notes about my health during sessions. A full document on HIPPA law will be available to you if you would like further information.

I have read and understood the above statements.

Client Signature (or Parent/Guardian)

Date