



# Kimberly McKay ~ Professional Massage Therapist

## Prenatal Health History

In order to maximize the benefits and safety of your massage sessions, please take the time to fill out this form. You can either print it after you fill it in, or email it to me at [mckaykimberly2@gmail.com](mailto:mckaykimberly2@gmail.com). This information will be kept confidential. Please feel free to use the back of the page if you need extra space, or include additional comments in your email. Your feedback is appreciated during and at the end of the sessions to help in tailoring the massage session to best serve your needs.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Hobbies or interests \_\_\_\_\_

What do you do for exercise? \_\_\_\_\_ How often? \_\_\_\_\_

Name of Spouse/Partner \_\_\_\_\_ Referred by \_\_\_\_\_

Name of OBGYN/Midwife \_\_\_\_\_ Phone \_\_\_\_\_

Have you had any complications during this, or any other pregnancy? \_\_\_\_\_

Do you have any varicose veins? \_\_\_\_\_ If so, where? \_\_\_\_\_

Have you discussed receiving prenatal massage with your OBGYN/Midwife? \_\_\_\_\_

If so, did they give their approval? \_\_\_\_\_

What, if any, were their concerns? \_\_\_\_\_

Do you have any specific areas of soreness or tension? \_\_\_\_\_ Where? \_\_\_\_\_

Have you received massage before? \_\_\_\_\_ How long ago? \_\_\_\_\_

Is there anything else I might want to know about your medical history? (injuries, surgeries, etc.) \_\_\_\_\_

What are your goals for this session? \_\_\_\_\_

### **Please read and sign to acknowledge you understand the protocol of this session.**

I understand that massage therapists are not doctors, do not practice medicine, do not name diseases, diagnose, prescribe or adjust medications. Massage therapists never treat for any specific condition or ailment and does NOT take the place of an OBGYN or CNM. Massage therapy is a health modality that uses various hands-on techniques to help the body's natural healing process. It can be integrated with any form of healing therapies, including traditional Allopathic or homeopathic medical practices. If you, as a client, have a specific medical problem and have not seen your physician, I recommend you do so. Thank you.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print your name here \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_