



Confidential Pre-Natal Consultation Document and Health Assessment Form

Place a ✓ here if you are already a patient of NTSHW.
If so, please skip down to Section 2.

Section 1.

Name:		Birth date:		Delivery Date:	
Address:					
City:			State:		Zip:
Email: (junk mail is never sent and your address is not shared)			Would you like to receive email regarding specials or occasional updates?		
Home Phone:		Cell Phone:		Occupation:	
				Hobbies:	
OB/GYN		Phone:		Midwife/Doula	
				Phone:	
Emergency contact:		Phone:		How have you felt during this pregnancy? Circle one: <i>Excellent Good Fair Uneasy Sick most of the time</i>	

Section 2.

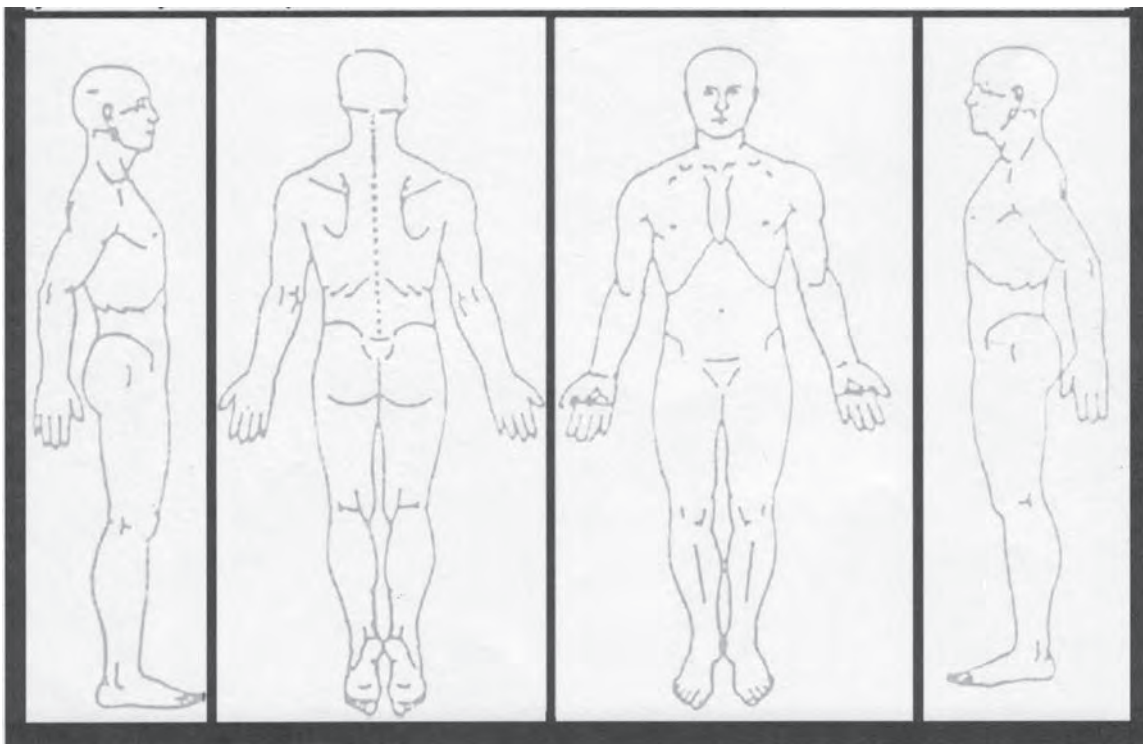
Please check all that apply:	✓	Please check all that apply:	✓
Heart Trouble		Any contagious illness	
Respiratory problems or disorders		Any alcohol in last 2 hours	
Diabetes		Rash, skin irritation, skin disorder	
Arthritis/Bursitis/Rheumatism		Migraines or headaches	
Blood clot disorders		Dizziness or fainting spells	
Cancer		Neurological disorders	
Fever		Spinal deviations	
Conditions related to pregnancy:		Osteoporosis bone disorders	
Twins		High or Low Blood Pressure	
Previous miscarriage		Varicose Veins	
Toxemia/Pre-Eclampsia		Bruises, cuts or open wounds	
Morning Sickness		Swollen tissue	
Decreased Fetal Movement in last 24 hrs		Other medical conditions:	
Sensitive to odors			
Referral from physician			
Complications or risks? If so, explain at right.			

Section 3.

Please list:	
Surgeries and/or accidents; include dates:	
Medications:	
Purpose of medications:	
Allergies, especially food allergies:	
Skin conditions:	
What has brought you to seek treatment today?	
Were you referred? If so, by whom?	
Comments:	

Therapist Initials

The Texas Administrative Code, Title 25, Part 1, Chapter 141, Subchapter B, Rule 141.5, Paragraph (h) states that this initial consultation document is required and that it must include the following information:	
A statement of the type of massage techniques to be used:	<i>Swedish, deep tissue, trigger point, sports, and/or Esalen style massage, for relaxation and relief of muscle pain, and/or lymphatic drainage therapy for relief of minor edema, swelling, and water retention</i>
The massage therapist will not perform breast massage on female clients for any reason.	<i>I understand that breast massage for any reason will not be performed at this facility.</i> Please Initial Here: _____
Draping will be used during the session, unless otherwise agrees to by both client and therapist.	<i>"Draping" means that your body will be modestly covered by a sheet during the massage. If you do not wish to be covered by a sheet, please discuss with me and sign here:</i> Please Initial Here: _____
A statement that if the client is uncomfortable for any reason, the client may ask the therapist to cease the massage, and the therapist will do so.	<i>As therapist, I also reserve the right to terminate the session if the event of any sort of abusive behavior from the client. If client misbehavior should result in an abbreviated session, the client will be expected to render full payment.</i>
The parts of the clients body that will be massaged or the areas of the clients body that will be avoided during the session, including indications and contraindications.	<i>On the chart below, please</i> <ul style="list-style-type: none"> ✓ Place an X any areas to be avoided and ✓ Place a CIRCLE on areas that need extra attention. ✓ Place a "T" where you are ticklish.



I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I understand that massage therapy is not a substitute for medical treatment or medications and that it is recommended that I concurrently work with my Primary Caregiver and/or my Chiropractor for any conditions that I may have.

I have read and agree to the above.

Client Signature:	Date:
Therapist Signature & License Number	Date:

Therapist SOAP Notes
