

Bridgetown Bodywork - Aarisa Smith, LMT 15732
 NPI #1093013211 / EIN 81-5146615:
 443 NE Knott St.
 Portland, OR 97212
 760-613-5022
 bridgetownbodywork.com

PRENATAL HEALTH INFORMATION

Regular Medical Doctor: _____

Prenatal Healthcare Provider: _____ Doctor Midwife

Doula (if any) _____ Planned Birth Place: _____

Due Date: _____

I am experiencing a LOW RISK / HIGH RISK (circle one) pregnancy according to my doctor/midwife.

___ If I currently have or develop any of the conditions marked with a single * below, I will discuss the condition with the therapist, and I understand that the written consent of my doctor/midwife will be absolutely required before bodywork can occur. Bridgetown Bodywork observes the current medical conventions regarding "advanced maternal age", although it is our understanding the science does not fully support this as a 'high risk' factor for a healthy woman, we treat it as such in accordance with current standards and to err on the side of an abundance of caution.

___ If I currently have or develop any of the conditions marked with a double ** below, these contraindicate massage entirely, and it is my responsibility to inform the therapist of these conditions.

Please (x) current issues, mark (p) for past concerns

- ___ anemia
- ___ sciatica
- ___ fatigue
- ___ headaches
- ___ insomnia
- ___ nausea
- ___ separation of rectus muscles
- ___ separation of symphysis pubis
- ___ varicose veins
- ___ previous cesarean birth
- ___ recent immunization
- ___ lower back or hip pain
- ___ new food/product sensitivities
(please list below)
- ___ leg cramps

- ___ gestational diabetes*
- ___ chronic hypertension*
- ___ abdominal cramping*
- ___ history of miscarriage*
- ___ visual disturbances*
- ___ multiples (twins or more!)*
- ___ "advanced maternal age"(35 +)*

- ___ leaking amniotic fluid**
- ___ bladder infection**
- ___ uterine bleeding**
- ___ blood clot or phlebitis**
- ___ preeclampsia**
- ___ placental issues**
- ___ preterm labor**

Please Turn Over ↩

Please describe any other conditions in current or past pregnancies, any changes to your health since your last session, & anything else you would like to share:

My current emergency contact is: _____

Relationship: _____

Phone: _____ VOICE / TEXT (circle one or both)

Alternate phone: _____ VOICE / TEXT (circle one or both)

Alternate emergency contact & phone (not required):

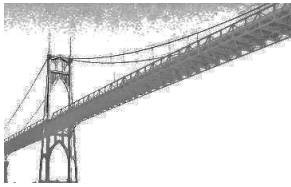
____ I have completed this health form to the best of my knowledge. I understand that massage and bodywork is not a replacement for a physician's care.

Signature: _____ Date: _____

I authorize Bridgetown Bodywork and Aarisa Smith, LMT 15732 to communicate with my prenatal care provider as necessary to provide services safely.

Name _____ DOB _____

Signature _____ Date _____



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I, _____ (Doctor or Midwife)

have _____

under my care during her pregnancy with Due Date of _____.

and I approve of her receiving general massage

during the ____ to ____ weeks of her term,

with the following restrictions or considerations:

Signed: _____

Date: ____/____/____

Address: _____

Phone: _____

Fax: _____