Pre-Natal Health Information

PERSONAL DATA

Name _____ Date _____ Referred By_____

Address _____

What is the best Phone Number to reach you?_____Best Time? _____

Would you like to receive emails from Hands of Grace regarding current promotions: Yes____ No ____
(Your email address will not be sold or shared) **Email** _____

Occupation _____ For How Long? _____

Emergency Contact Name & Phone _____

Date of Birth _____ Due Date _____OB/GYN _____

TREATMENT INFORMATION

What is your main area of discomfort? _____ How do you feel today?_____

Has your OB/GYN consented to you having a massage? _____Have you had massage before? _____

Do you have any allergies? _____

Health Maintenance: Exercise, Supplements, Etc._____

Current Medications:_____

Y/N

Have you ever experienced miscarriage or preterm labor? _____

Do you have an incompetent cervix or other uterine abnormalities? _____

Just prior to or during your pregnancy, did you suffer any abdominal injury or surgery? _____

Are you experiencing any of the following: Placenta Previa, Placenta Abrupto, Diabetes, Renal Disease, Cardiovascular Disease, Systemic Lupus or Other Autoimmune Factors, and/or Preeclampsia/Eclampsia?

_____

_____

Have you had morning sickness, vomiting, diarrhea, or fever? _____

Have you noticed a reduction in fetal movement during the previous 24-hour period? _____

Have you had excessive swelling in your arms, legs, hands, or feet? _____

Do you have poor circulation in your legs? _____

Have you been, or are you currently, inactive or placed on bed rest? _____

Have you experienced any vaginal bleeding or abnormal discharge in the last 24 hours? _____

Are you over age 36 years?_____

During your pregnancy, have you been consuming alcohol, abusing drugs, smoking, or ingesting any other teratogenic agents? _____

Do you have any serious disease? _____

Do you have any contagious wounds? _____

Do you have any recently torn tendons, ligaments, or muscles? _____

Do you have any fractures or infected joints? _____

Do you have any skin, bone, or muscle diseases or infections? _____

Other: _____

_____