

# STELLAR MASSAGE PREGNANCY SESSION SHEET

Name: \_\_\_\_\_

Date: \_\_\_\_\_

How many weeks pregnant are you?

Are you on long term medication or recently discontinued taking medications? What was it?

Do you have any known allergies?

Are you sensitive to any scents?

Are you suffering from nausea?

Is it OK for your therapist to lightly massage your abdominal area?

Do you have varicose veins? Location?

Pregnant women are commonly cautious about receiving massage during their first trimester. This is due to the fact that miscarriage is more common during the first trimester. While massage has never been determined to increase this risk during a normal, healthy pregnancy, your doctor should be consulted prior to receiving massage, especially during the first trimester.

**If you have any of the following conditions, you MUST get written permission from your doctor prior to receiving massage. Circle any that apply.**

**High risk pregnancy**

**Previous pre-term labor**

**Pregnancy induced hypertension (PIH)**

**Preeclampsia**

**Blood Clots**

**Recent Surgery**

I have read the above statements. I understand that if I have any of the conditions listed above I need to get written permission from my doctor

\_\_\_\_\_ I do NOT have any of those conditions.

\_\_\_\_\_ I have supplied my therapist with written doctors permission.

Signature: \_\_\_\_\_