Pre-Natal Consultation Form

the spa | acac

Name: _____ Date of Birth: _____

Date: _____ **acac** Member: **Yes** **No**

Address: _____

Email: _____

Home phone: _____ Cell phone: _____

Referred by: _____

Emergency contact name and phone number: _____

Would you like to be notified by email of spa specials, events and promotions? **Yes** **No**

Have you ever had a professional massage before? **Yes** **No**

How often do you get a massage? _____

Health History

What discomfort, pain or other needs are you hoping to address through this massage today?

_____

In what week of your pregnancy are you? _____

Are you regularly seeing a physician, nurse-midwife or mid-wife? **Yes** **No**

Have you had any complications with this pregnancy? Please circle all that apply:

Bleeding	Rapid weight gain	Vomiting
Cramping	Protein in urine	Headaches
Amniotic fluid leakage	High blood sugar	Other
Water retention	Vision disturbances	Abnormal fetal growth, heartbeat or movement
High blood pressure	Severe nausea	

Please circle any of the following health conditions you've experienced in the past or present:

Diabetes	Kidney disease	Liver disease
Heart disorder	Lung disease	
Other	Uterine abnormality	

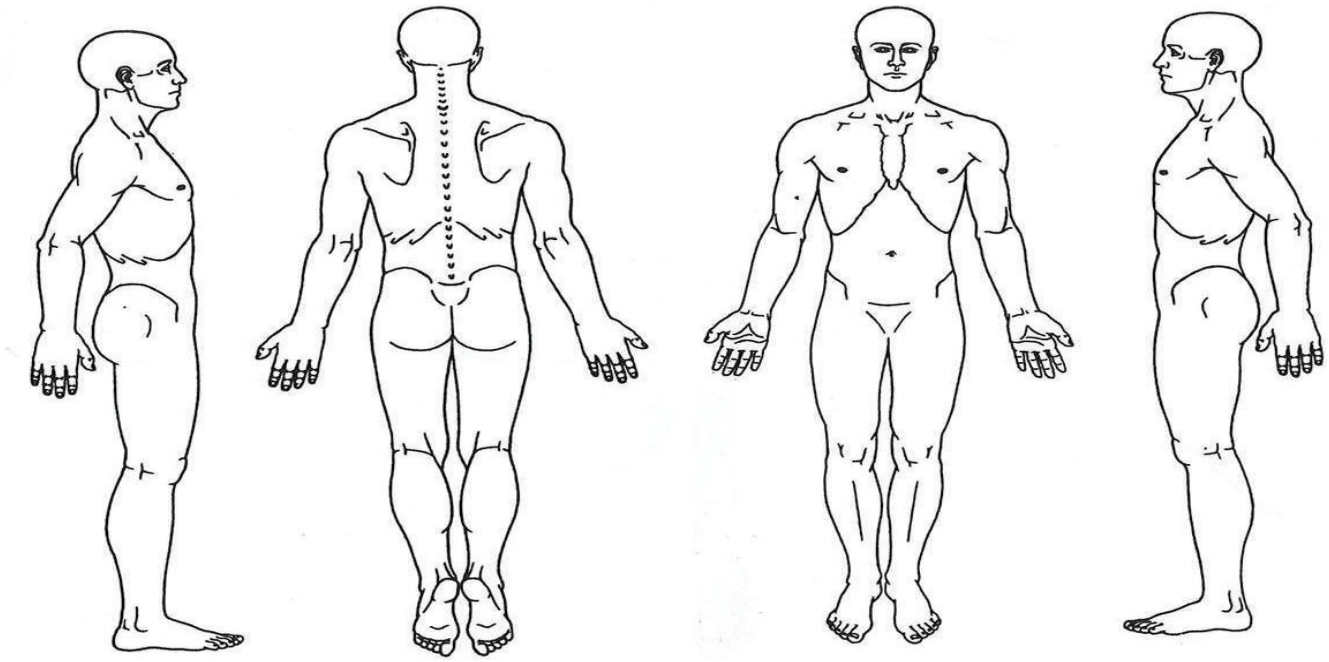
Are you currently experiencing any of the following infections or disorders?

Common cold	Bladder infection	Other
Varicose veins	Skin irritation	

Is your pregnancy considered to be high risk? Please circle for what reason:

- Diabetes
- Previous complicated pregnancy
- Genetic problems
- Hypertension
- Asthma
- Under 20 or over 35
- Multiple pregnancy
- Rh Factor
- Other

Please circle areas in which you feel any pain, tenderness or restriction of movement:



I have read the above information and recorded my medical history accurately with all pertinent information. For future services, I agree to inform my spa technician of any changes in my medical status and/or the above information. I agree to hold **acac** and its employees harmless for the performances of these services. I understand spa services are not to be considered medical treatment, and as such, the spa technician cannot prescribe treatment of pharmaceuticals.

Cancellation policy: In order to provide optimal scheduling for all clients and to fairly compensate our therapists, **acac** finds it necessary to implement a 24-hour cancellation policy for all spa appointments. Payment in full is expected for any appointment missed or called within 24 hours of the scheduled session. We appreciate your understanding and cooperation.

I understand that any comments or behavior deemed inappropriate by the service provider (illicit or sexually suggestive in nature) will result in the immediate termination of the session and I will be liable for payment of the scheduled service.

Signature (if under 18, parent/legal guardian must sign) Date