

How many weeks pregnant are you? _____

Name:		Date:	
Address:		City:	State: Zip Code:
Home Phone:		Cell Phone:	
Date of Birth:		Email Address:	
How did you hear about Origins Massage and Bodyworks?			

Welcome to Origins Massage and Bodyworks. Our studio only employs professional Massage Therapist. It is your responsibility to inform the therapist of any pre-existing conditions, limitations or specific sensitivities and to inform our therapist if you feel any discomfort during the session. If you do experience discomfort, please ask the therapist to adjust the level or pressure or heat. You understand and voluntarily accept any risks of which you have been advised about associated with your massage, or from any use of the company's facilities, and hereby release Origins (including its employees, practitioners, agents, and insurers) from all liability for any injury including, without limitation, personal, bodily or mental injury, economic loss or any damage to you resulting there from. You further hereby release all the foregoing personnel and entities from all liability arising from any such injury or damage resulting there from. You further hereby release all the foregoing personnel and entities from all liability arising from any such injury or damage resulting from your failure to disclose an pre-existing condition, limitation, or specific sensitivities, or your failure to inform your therapist of any discomfort during the session. Your therapist may determine that it is unsafe for you to proceed with or continue a therapeutic session due to health related concerns. In this event, you may be required to provide Origins with a physician's medical release prior to continuing treatment.

Signature: _____	Date: _____
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Please help us ensure a safe and comfortable prenatal massage experience by providing the following information:

Partners Name:	Baby's Name:
Due Date:	Doctor/Midwife:
Place of Delivery:	
Name and Ages of other Children:	

Have you experienced any of the following? If so, please explain:

- | | | |
|--|--|--|
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures | <input type="checkbox"/> Incompetent Cervix |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Premature Labor/Bed rest |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Headaches | <input type="checkbox"/> Cesarean Birth |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Dizziness/Lightheaded | <input type="checkbox"/> Multiple Gestation |
| <input type="checkbox"/> Foot Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Miscarriage |
| <input type="checkbox"/> Rash/Skin Irritations | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Pelvic Cramping |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Broken Bones/Sprains | |
| <input type="checkbox"/> CVS date: _____ | <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> Amniocentesis date: _____ |

Are you taking any medication? _____

RELEASE AND WAIVER:

We look forward to you joining our program. We hope that you will take full advantage of the services that we have to offer. By signing below, you acknowledge and agree to the following: (a) you understand that the use of our facilities, services, programs and premises includes an inherent risk of injury and assume all of the risks of using our facilities, services and programs; (b) you are in good physical condition and have no disabilities, diseases, illnesses, or other conditions that could prevent you for using our facilities without injury or impairing your health; (c) you have discussed your intentions with obstetrician or midwife and your obstetrician or midwife has approved your contemplated activities at Origins Massage and Bodyworks; and (d) any information you receive during or through any of our services just for information purposes only is not intended to replace the advice of your obstetrician or midwife.

I understand that the risk of injury includes, but is not limited to, injuries arising from or relating to the use by you or others of restrooms, treatment rooms, and activities, and other facilities; injuries arising from or relating to participation by you or others in supervised or unsupervised activities or programs through or at Origins Massage and Bodyworks; and accidental injuries occurring anywhere at Origins Massage and Bodyworks, including lobbies, walk ways, restrooms and treatment rooms. If you have any special requirements or limitations, you agree to disclose them to us before using our facilities. By signing below, you waive all claims which you may have against Origins Massage and Bodyworks, and hereby release from all claims and covenant not to sue Origins Massage and Bodyworks their owners, lenders, investors, employees, agents, and officers arising out of or in any way connected with your use of our facilities, premises, equipment, services, or programs. You acknowledge that you have carefully read this Release and Waiver and fully understand it is a release of liability and waiver of any right that you may have to bring a legal action to assert a claim against us for mere negligence.

Print Name: _____

Signature: _____