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PRENATAL / POSTPARTUM
HEALTH QUESTIONNAIRE

Form fields for personal information, pregnancy details, practitioner information, and doula services.

Risk Factors

Please check any boxes that apply . For massage clients: if anything in this section is checked, please have your practitioner complete the practitioner release prior to your appointment. Group class participants may be asked for provider release on a case by case basis (after their first class).

- List of risk factors including asthma, autoimmune disorder, cardiac disorder, convulsive disorder, complications in other pregnancies, diabetes, drug or alcohol abuse, DVT history, genetic conditions, other high risk condition, hypertension, mother's age, multiples, obesity, previous miscarriage, previous premature delivery, renal/liver disorder, RH negative, thyroid disorder, and other.

Please explain

Five horizontal lines for explaining risk factors.



Pregnancy Complications + Conditions

Please check "P" for prior pregnancy box, or "C" for current pregnancy as applicable.

- | | | | | | |
|-----------------------|-----------------------|--|-----------------------|-----------------------|---|
| P | C | | P | C | |
| <input type="radio"/> | <input type="radio"/> | anemia | <input type="radio"/> | <input type="radio"/> | pelvic floor injury or dysfunction |
| <input type="radio"/> | <input type="radio"/> | blood clots | <input type="radio"/> | <input type="radio"/> | pelvic pain / SI joint / sacroiliac dysfunction |
| <input type="radio"/> | <input type="radio"/> | planned cesarean section | <input type="radio"/> | <input type="radio"/> | placenta abnormalities |
| <input type="radio"/> | <input type="radio"/> | diastasis rectii (abdominal muscle separation) | <input type="radio"/> | <input type="radio"/> | placenta previa |
| <input type="radio"/> | <input type="radio"/> | early labor / threatened labor | <input type="radio"/> | <input type="radio"/> | pubic area pain (pubosymphysis dysfunction) |
| <input type="radio"/> | <input type="radio"/> | fetal development complications | <input type="radio"/> | <input type="radio"/> | PUPPP |
| <input type="radio"/> | <input type="radio"/> | gestational diabetes | <input type="radio"/> | <input type="radio"/> | vaso-vagal response episodes |
| <input type="radio"/> | <input type="radio"/> | kidney, liver or bladder disorder | <input type="radio"/> | <input type="radio"/> | varicose veins |
| <input type="radio"/> | <input type="radio"/> | genetic conditions (history in family) | <input type="radio"/> | <input type="radio"/> | other _____ |
| <input type="radio"/> | <input type="radio"/> | other high risk condition | | | |

Please explain

Postpartum / Post-pregnancy

Please check "P" for prior postpartum, or "C" for current postpartum as applicable.

- | | | | | | |
|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|--|
| P | C | | P | C | |
| <input type="radio"/> | <input type="radio"/> | vaginal delivery | <input type="radio"/> | <input type="radio"/> | miscarriage / infant loss |
| <input type="radio"/> | <input type="radio"/> | cesarean delivery | <input type="radio"/> | <input type="radio"/> | termination |
| <input type="radio"/> | <input type="radio"/> | VBAC (vagina birth after cesarean) | <input type="radio"/> | <input type="radio"/> | pelvic floor injury, laceration or tearing |
| <input type="radio"/> | <input type="radio"/> | birth injury | <input type="radio"/> | <input type="radio"/> | postpartum anxiety / depression |
| <input type="radio"/> | <input type="radio"/> | birth trauma | <input type="radio"/> | <input type="radio"/> | recovery complications |
| <input type="radio"/> | <input type="radio"/> | breastfeeding difficulties | <input type="radio"/> | <input type="radio"/> | retained placenta |
| <input type="radio"/> | <input type="radio"/> | labor or birth complications | <input type="radio"/> | <input type="radio"/> | other _____ |

Please explain

I, _____ verify that I have been informed of the possible benefits and contraindications for massage therapy, pre/postnatal yoga or birth/postpartum education.

I further verify that I have noted any complications or conditions AND have discussed my participation with my maternity healthcare provider. **If I have any high risk conditions or have not yet had my 6 week postpartum follow-up, I have obtained his or her release to participate.**

I understand that any therapies or classes I participate in are considered non-medical support, and none are a substitute for prenatal or postpartum care from a medical doctor, midwife or other licensed medical provider. I hereby release and hold harmless and defend the practitioner or teacher from any claims, liability, demands and causes of action arising from my and my baby's participation.

signature _____ date _____