

CLIENT CONSULTATION FORM

Client Name:

Date:

Address:

Tel. No: Mobile
Landline

Reason for Seeking Therapy:

Profession:

GP Name, Address, Tel Number:

1st Day of Last Period: (Day 1) OR weeks pregnant Due Date:.....

I confirm that:

I am not pregnant having taken a reliable pregnancy test today or have other reasons to know and be sure I am not currently pregnant.

OR

During my current pregnancy I do not have any of the conditions listed below and that I understand are a risk to my pregnancy. I therefore give Heather Morris permission to give maternity reflexology to me.

1. **Placenta praevia** - placenta is lying unusually low in the uterus, next to or covering the cervix
2. **Placental abruption** - placental lining has separated from the uterus of the mother prior to delivery. It is the most common pathological cause of late pregnancy bleeding.
3. **Bleeding**
4. **Continuous Vomiting**
5. **HELLP Syndrome** - life-threatening liver disorder
6. **Toxaemia: Pre-Eclampsia – Eclampsia** - high blood pressure and often a large amount of protein in the urine. Usually occurs in the third trimester
7. **Pica Syndrome and DVT** – Deep Vein Thrombosis.

Conditions that require sign off from your midwife or specialist.

Diabetic mother	Cardiac disorders – heart disease
Chronic Hypertension	Previous pregnancy problems – miscarriage
Mother under 20 or over 35	Asthmatic mother
Exposure to drugs	Previous multiple births
Suspected RH negative mother or other genetic problems	

Midwife Name **Tel: No:**

Signed:..... Date:.....
Client

Signed:..... Date:.....
Midwife/Specialist (if applicable – see above)

Signed:..... Date:.....
Therapist