



# Prenatal Massage Release

Please read the list of possible contraindications before signing this form. Please indicate current problems with an (x) and past problems with a (+).

anemia	_____	high blood pressure	_____	varicose veins	_____
leaking amniotic fluid *	_____	leg cramps	_____	visual disturbances *	_____
bladder infection *	_____	miscarriage *	_____	previous cesarean	_____
uterine bleeding	_____	nausea	_____	contagious conditions	_____
blood clot or phlebitis *	_____	problems with placenta *	_____	muscle sprain / strain	_____
chronic hypertension	_____	pre-term labor	_____	heart attack / stroke	_____
abdominal cramping *	_____	preeclampsia or toxemia *	_____	arthritis	_____
diabetes (gestational or mellitus)	_____	sciatica	_____	carpal tunnel syndrom	_____
edema / swelling	_____	separation of rectus muscles	_____	contact lenses	_____
fatigue	_____	separation of the symphysis pubis	_____	low blood pressure	_____
headaches	_____	skin disorders / athletes foot	_____	bursitis	_____
insomnia	_____	twins or multiples *	_____	hypo or hyperglycemia	_____

Other conditions or problems in \_\_\_\_\_  
current or past pregnancies: \_\_\_\_\_

I, \_\_\_\_\_, have received and read the written information about the possible contraindications of massage therapy during pregnancy. I understand the information and confirm that:

I am currently \_\_\_\_\_ weeks pregnant.

please initial each line below

I have not experienced any of the complications listed. \_\_\_\_\_

I have not experienced any of the conditions listed marked with an \*.

I am receiving medical care including regular checkups throughout my pregnancy. \_\_\_\_\_

I am not currently in my 1st trimester. \_\_\_\_\_



## Full Disclosure Statement

I am experiencing a low risk / high risk (circle one) pregnancy according to my doctor / midwife. If I am currently experiencing or develop complications (any symptoms / conditions listed above with a \*), I will discuss the condition with my massage therapist, and will have a medical release for bodywork signed by my prenatal care provider before continuing bodywork. I will immediately let my therapist know of any pain or discomfort so that pressure and strokes can be adjusted to my comfort level.

I have completed this health form to the best of my knowledge. I understand that bodywork is a health aid and does not take the place of a physician's care. Any information exchanged during a massage or bodywork session is confidential and is only used to provide you with the best health care services. I know that massage / bodywork can be harmful in certain circumstances; I fully assume responsibility for receipt of massage therapy, and release and discharge the therapist and / or spa from any and all claims, liabilities, damages or actions from therapy received. I fully and fairly answered these questions and described my health and will tell the therapist of any changes.

Client Printed Name: \_\_\_\_\_

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

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

I, \_\_\_\_\_ (the massage therapist), have witnessed and reviewed this form with the client named above.

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

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