**Prenatal Massage Consent Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pregnancy considered to be high risk? (Check one) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

If yes, what are the reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Prenatal Massage Therapy Benefits – There are several observed or identified potential benefits to massage therapy during pregnancy, including:

* Relieves muscular tension, especially in the lower back, upper back, shoulders and neck
* Reduces stress on weight-bearing joints
* Enhances body awareness for better posture and less discomfort
* Assists with body mechanics and movement during structural changes
* Supports birth process by relaxing muscles involved in labor and birth
* Eases anxiety and stress during time of transition
* Provides emotional support and nurturance

**Prenatal Massage Therapy Contraindications** – Performing massage therapy during pregnancy is contraindicated for women experiencing any of the following symptoms/signs:

* Bloody discharge
* Continual Abdominal pain
* Sudden gush or leakage of amniotic fluid
* Sudden / rapid weight gain
* Increased blood pressure
* Severe back pain that does not subside with change in position
* Visual disturbances
* Severe nausea and/or vomiting (cannot keep anything down)
* Severe headaches
* Excessive hunger and thirst
* Fever, diarrhea, etc.
* Excessive swelling in arms or legs
* Decrease in fetal movement over a 24 hour period

For our client’s safety, we require a doctor’s release form in order to receive massage therapy during a high – risk pregnancy, which includes, but is not limited to:

* Early labor, miscarriage threat, placental or cervical dysfunction
* Gestational Edema Proteinuria Hypertension (GEPH)
* Preeclampsia
* Gestational Diabetes
* Pre-existing cardiac, renal, connective tissue or liver disorders/disease
* Fetal genetic disorders
* Complications in previous pregnancies

.

**We also require a doctor’s release form in order to receive massage therapy during the 1st trimester.**

***Please read and sign below, to continue with treatment:***

I understand that massage therapy is a health aid and does not take the place of a physicians’ care. Any information exchanged during a massage session is confidential and is only used to provide the best massage care. If I am having or developing complications, I will discuss them with my therapist.

I hereby voluntarily release Body Kneads, Etc., and its therapist from any liability should my condition be aggravated at any time. By signing below I agree that I have read the information above and have decided to receive a prenatal massage at my own risk.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received and understood on these pages about the benefits and possible contraindications of massage therapy during pregnancy, and confirm that:

I have not experienced any of the complications listed;

I have not experienced any of the complications listed, which would make it unwise to have massage therapy

I am experiencing low -risk pregnancy

I am receiving medical care including regular check-ups throughout my pregnancy.

I AM experiencing a high-risk pregnancy or have decided to have a 1st trimester prenatal massage, but have given a doctor’s release form to my massage therapist.

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

Signed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_