A close up of a logo

Description automatically generatedHands On OC Massage & Bodywork

with Michael Roberson, CMT, BCTMB

1601 Dove Street, Suite 278, Newport Beach, CA 92660

949.292.9207 HandsOnOCMassage@gmail.com

www.HandsOnOC.com

**Prenatal Massage Release Form**

Massage therapy during pregnancy has been shown to be beneficial to mother and child for a number of common complaints such as fatigue, musculoskeletal pain sciatica, edema, and many others. However, there are also risks associated with specific conditions that may occur during pregnancy.

You must inform your massage therapist if you have or have had in the past, any of the following conditions or symptoms which may make massage therapy contraindicated or may require alterations in the approach to your sessions. The priority is to keep you and your baby safe and healthy.

-History of miscarriage

-Preeclampsia

-Gestational diabetes

-History of any high-risk

pregnancy

-Cardiac, pulmonary, liver

or renal disorders

-Drug exposure

-Mother’s age, under 20

over 35

-Severe nausea or vomiting

-Pitting edema or sudden

swelling

-Multiples

-Epilepsy or convulsive

disorders

-Hypertension

-Placental or cervical

dysfunction

-Genetic abnormalities

-Abdominal pain

-Fetal growth retardation

-Leaking of amniotic fluid

-Bloody discharge

-Fever

-Sudden weight gain

-IVF Treatment

-Diarrhea

-Severe headaches

-Decrease in fetal

movement over 24-hour

Client’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OBGYN name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due date: \_\_\_\_\_\_\_\_\_\_\_\_ Term\_\_\_\_\_\_\_\_\_\_ Weeks \_\_\_\_\_\_\_\_\_\_\_\_\_

Is this your first pregnancy? \_\_\_\_\_\_\_\_\_\_\_\_ How many successful births? \_\_\_\_\_\_\_\_\_\_\_\_

Have you ever miscarried? \_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you made use of IVF for this or any pregnancy? \_\_\_\_\_\_\_\_\_\_\_

Are you making use of a midwife or doula? \_\_\_\_\_\_\_\_\_ If so, name and contact information, please.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the aforementioned conditions and symptoms which make massage therapy during pregnancy contraindicated. The massage therapist has discussed this information with me and provided an opportunity for any questions. I have disclosed all high-risk factors of my pregnancy. I have completed and/or updated my client intake form.

I understand the information contained on this form and confirm that 1) I am receiving medical care including regular check-ups with a licensed healthcare provider, 2) I have not experienced any of the listed symptoms, conditions, or complications, 3) I am ***not currently*** experiencing any of the listed symptoms, conditions, or complications, 4) I am experiencing a low-risk pregnancy.

I understand that I will be receiving massage therapy as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the massage therapist of all liability of any harm that may unintentionally occur during my treatments.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

California Massage Therapy Council (CAMTC 4487) **National Certification Board for Therapeutic Massage and Bodywork (NCBTMB 397447)** American Massage Therapy Association (AMTA 158318),

Association of Bodyworkers and Massage Professionals (ABMP 861487)

Newport Beach Business License BT30062610, National Provider Identification (NPI 1689384562)