

Prenatal Massage - Consent and Release Form

About Prenatal Massage

Prenatal massage, sometimes called *pregnancy massage*, is massage therapy for the pregnant woman. It has been shown to produce numerous health benefits including: relieving musculoskeletal aches and pains, decreasing muscle tension, relieving leg cramps, reducing symptoms of anxiety and depression, improving sleep quality, and improving labor outcomes. Prenatal massage typically involves the use of several massage styles such as Swedish and deep tissue massage. Prenatal massage focuses on adapting massage techniques and client positioning strategies to accommodate the needs of mothers-to-be.

Contraindications for Prenatal Massage

In addition to the standard contraindications for massage, prenatal massage has additional contraindications and precautions. The following is a partial list of common conditions which are considered contraindications for prenatal massage therapy:

- Blood clots
- Diabetes
- Abdominal pain
- Unexplained symptoms
- Bleeding disorders
- Preeclampsia
- Pitting edema
- Previous pre-term labor or miscarriage
- High blood pressure
- High-risk pregnancy
- Heart disease

Please Read and Initial Each Item Below

- _____ Information about prenatal massage, potential benefits, effects, risks, and possible alternative therapies have been explained to me and I understand this information.
- _____ My therapist has informed me of the contraindications of prenatal massage, and I have provided my therapist with an accurate and complete medical history to rule out any contraindications to receiving this treatment.
- _____ I have been given an opportunity to ask questions about prenatal massage and have had my questions answered to my satisfaction.
- _____ I have no contraindications for prenatal massage and am not currently experiencing any symptoms or complications listed above.
- _____ I am receiving regular medical checkups from my physician / healthcare provider.
- _____ I have spoken with my OB-GYN about receiving prenatal massage, and have received medical clearance to receive prenatal massage.
- _____ I agree to communicate to my therapist any physical discomfort experienced during the session.
- _____ I release the massage therapist and business from all liability for any harm that may unintentionally result from this treatment.

I further understand that massage is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the treatment should be construed as such. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken.

By signing this form I agree with the statements above and give my consent to proceed with prenatal massage.

Client Name (Please Print)

_____/_____/_____
Today's Date

Client Signature

_____/_____/_____
Pregnancy Due Date