



Anna Jean's Massage LLC

509-599-9124 | Info@AnnaJeansMassage.com

PRENATAL CONSENT FORM

Name:	Due Date:
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HEALTH HISTORY

Prenatal Care Provider Name:		Office Phone:	May we contact if needed?
What Trimester Are You In?	Have you had prenatal massage before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your pregnancy considered high risk? Please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe any complications / problems with this pregnancy :			
Is there anything we can do to make your massage more comfortable, relaxing and/or enjoyable?			
If you have an issue you do not wish to state on this form, please discuss it with your therapist.			

TERMS & CONDITIONS

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

I have completed this intake and consent form to the best of my knowledge. I understand that massage therapy is a health aid and does not take the place of a physician's 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 develop any complications I will discuss them with my massage therapist.

I hereby voluntarily release Anna Jean's Massage LLC from all claims, costs, demands, expenses, and causes of action 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.

Name of Studio: Anna Jean's Massage LLC
Studio Address: 5511 N Post St, Spokane, WA 99205

Signature:	Print Name:	Date:	MT Initials:
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