

## Pregnancy Massage Consent & Release



**Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Expected Due Date:** \_\_\_\_\_ **Prenatal Care Provider:** \_\_\_\_\_

**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 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. You must inform your massage therapist if you have any of the following conditions which may make prenatal massage contraindicated or may require your therapist to alter the treatment. The following is a partial list of common conditions which are considered contraindications for prenatal massage therapy:

Blood clots	Bleeding Disorders	High blood pressure
Heart disease	Preeclampsia	Hypertension
Diabetes or gestational diabetes	Pitting edema	Sudden edema/swelling
Placental or cervical dysfunction	Severe headaches	Bloody discharge
Abdominal pains	Sudden weight gain	Severe nausea or vomiting
Unexplained symptoms	Multiples	Leaking of amniotic fluid
Decrease in fetal movement over 24-hour period	Previous preterm labor or miscarriage	High-risk pregnancy or history of any high-risk pregnancy

**Please Read 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.

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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 on Oak Essentials Wellness' Pregnancy Massage Consent & Release form and give my consent to proceed with prenatal massage.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_