



Pre-Natal Massage Release Form

Pre-Natal Massage Contraindications

Massage Studio Pre-Natal massages are designed to relieve fatigue, pain and tension during pregnancy that creates a nurturing environment for both mother and baby. However, there are 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 during pregnancy contraindicated or may require a doctors note.

- History of miscarriage
- Gestational Diabetes
- Cardiac, pulmonary, liver or renal disorders
- Mother's age under 20 or over 35
- Pitting edema
- Epilepsy or other convulsive disorders
- Placental or cervical dysfunction
- Abdominal pain
- Leaking of amniotic fluid
- Fever
- Sudden edema/swelling
- Severe headaches
- Preeclampsia
- History of any high-risk pregnancy
- Drug exposure
- Multiples
- Hypertension
- Genetic abnormalities
- Bloody discharge
- Diarrhea
- Decrease of fetal movement over a 24-hour period
- Severe nausea or vomiting
- Asthmatic mother

I, _____ have received and read the above, written information about the possible contraindications to massage therapy during pregnancy. I understand the information and confirm that:

- I have not experienced any of the complications on the attached sheet;
- I have not experienced any of the conditions listed, which would make it unwise to have massage therapy;
- I am experiencing a low-risk pregnancy;
- I am receiving medical care including regular check-ups throughout my pregnancy.

My physician and I have found the following exclusions to the above statements:

Signature: _____ Date: _____



Pre-Natal Massage Release Form

I, _____ understand that I will be receiving massage therapy as a form of adjunctive healthcare only and that this therapy is not intended to replace appropriate medical care. I also understand it is my responsibility to notify the Massage Clinic of any changes in my condition.

Having been fully advised of the risks, contraindications and complications to massage therapy during pregnancy, I have decided to participate in the therapy. Accordingly, I do forever release the practitioners and their insurers, and the respective officers, directors, stockholders, successors, employees and agents from all liability of any nature whatsoever, whether past, present or future for injury or damage which may occur to myself or my family as a result of my receiving massage therapy during this childbearing year.

I further agree to hold harmless and defend the practitioner of an from all actions, claims and other legal or administrative action that has arisen or may arise directly from me and my child's participation in this therapy.

Signature: _____ Date: _____

Printed Name: _____