

Prenatal Massage Therapy Release

During pregnancy, the body undergoes major changes of both a physical and psychological nature. Massage therapy can be a safe, drug free method to release muscle tension and emotional stress. I understand that a massage therapist is not a medical doctor and that massage therapy does not replace routine obstetrical care.

I have reviewed the following list of pregnancy complications, and verify that I do not currently have any of the following conditions or symptoms:

- A diagnosis as a high- risk pregnancy by my physician
- Pre-term labor/possible miscarriage: discharge of blood, amniotic bag ruptured, pains or contraction in uterus
- Pre-eclampsia (GEPH): unusually weight gain, protein in urine, high blood pressure
- Eclampsia (Toxemia): severe water retention, headaches, back pain, vomiting, visual disturbances
- Gestational Diabetes: abnormal appetite/thirst, sugar in urine
- Deep Vein Thrombosis: pain, redness, or swelling isolated to one leg

I have had the opportunity to ask the massage practitioner any questions I may have about pregnancy massage, and I have discussed this with my physician or other health care practitioner. I affirm that I do not currently have any of the above conditions except as listed here: (list any symptoms from above list or other conditions relevant to receiving massage or write "none")

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If I suspect that I develop any of the above symptoms, I will promptly notify the massage therapist and I will obtain a written release from my obstetrician before seeking further massage therapy. I consent to allowing the massage practitioner to contact my primary care provider regarding my condition.

By placing my signature on this form, I permanently release Susie Mulholland and Bodyworks by Susie, and their insurers, heirs or assigns, from all liability to me or my unborn child that may arise as a result of my receiving massage therapy during this pregnancy.

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

Print name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Obstetrician's Name: \_\_\_\_\_

Massage Therapist: \_\_\_\_\_ Date: \_\_\_\_\_