

PRENATAL MASSAGE

Consent and Release Form

About Prenatal Massage

Prenatal massage, also known as pregnancy massage, is a type of massage therapy for pregnant women. It has been shown to have a variety of health benefits, including the relief of musculoskeletal aches and pains, the reduction of muscle tension, the relief of leg cramps, the reduction of symptoms of anxiety and depression, the improvement of sleep quality, and the improvement of labor outcomes. Several massage styles, such as Swedish and deep tissue massage, are commonly used during prenatal massage. Prenatal massage focuses on tailoring massage techniques and client positioning strategies to the needs of expectant mothers.

Contraindications for Prenatal Massage

Prenatal massage has additional contraindications and precautions in addition to the standard massage contraindications. A partial list of common conditions that are considered contraindications for prenatal massage therapy is as follows:

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

Please Read and Initial Each Item Below

_____ Prenatal massage information, potential benefits, effects, risks, and alternative therapies have been explained to me, and I understand this information.

_____ My therapist informed me of the contraindications to receiving prenatal massage, and I provided an accurate and complete medical history to rule out any contraindications to receiving this treatment.

_____ I was given the opportunity to ask questions about prenatal massage and had my questions answered satisfactorily.

_____ I have no contraindications to prenatal massage and am not currently experiencing any of the above symptoms or complications.

_____ My physician / healthcare provider performs regular medical examinations on me.

_____ I discussed receiving prenatal massage with my OB-GYN and received medical clearance to do so.

_____ I agree to notify my therapist if I experience any physical discomfort during the session.

_____ I release the massage therapist and the business from any and all liability for any harm that may occur as a result of this treatment.

I also understand that massage is not a substitute for a medical examination or treatment, and that I should consult a physician or other qualified health professional if I have any mental or physical ailments. I am aware that massage therapists do not diagnose illness or disease, and nothing said during treatment should be interpreted as such. My consent is informed and voluntary, and I understand that I have the right to withdraw my consent at any time, with the exception of actions already taken.

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

Client(s) and/or Representative

Date

Therapist Signature

Date