PRENATAL RELEASE FORM to Receive Massage and Bodywork Therapy

*The Garden welcomes all women to experience the relaxation of our professional Massage Therapy. We care about you and your baby. To ensure we provide the best care in each service, we ask that you inform us before each service you receive of any change in your health information that relates to your pregnancy or that could alter the effects of our services on you or your baby.*

Massage Therapy during pregnancy has been shown to be beneficial for a number of common complaints such as fatigue, musculoskeletal pain, sciatica, edema, and many others. 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 your Massage Therapist to alter the massage. The following are contraindications for Massage Therapy.

* History of Miscarriage
* Gestational Diabetes
* Cardiac, Pulmonary, Liver or Renal Disorders
* Mother’s Age is under 20 or over 40
* Pitting Edema
* Epilepsy or Other Convulsive Disorders
* Placental or Cervical Dysfunction
* Abdominal Pain
* Leaking or Amniotic Fluid
* Fever
* Sudden Edema/Swelling
* Severe Headaches
* Preeclampsia
* History of any High-Risk Pregnancy
* Drug Exposure
* Multiples
* Hypertension
* Genetic Abnormalities
* Fetal Growth Retardation
* Bloody Discharge
* Sudden Weight Gain
* Diarrhea
* Decrease in Fetal Movement over

24-hour Period

* Severe Nausea or Vomiting

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the above conditions and symptoms which make Massage Therapy during Pregnancy contraindicated. The Massage Therapist has discussed this information with me and provided opportunity for any questions. I have disclosed all high-risk factors of my pregnancy.

I have discussed with my prenatal healthcare provider/physician any health concerns that I had about receiving Massage Therapy. I agree that my healthcare provider/physician has given me clearance to receive massage.

I understand the information contained on this form and confirm that (1) I am receiving medical care including regular check-ups with a licensed healthcare provider. (2) I *have not experienced* any of the listed symptoms, conditions or complications. (3) I *am not currently experiencing* any of the listed symptoms, conditions or complications. (4) I am experiencing a low-risk pregnancy.

I understand that I will be receiving Massage Therapy as an adjunct form of healthcare only and that this therapy is not meant to replace appropriate medical care. I release the Massage Therapist of all liability for any harm that may unintentionally occur during my treatment(s).

Client Name (*Printed*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name (*Signature*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_