Massage therapy during pregnancy has been shown to be beneficial for a number of common complaints such as fatigue, musculoskeletal pan, sciatica pain 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 therapist to alter the massage.

- History of miscarriages - Preeclampsia

- Gestational Diabetes - History of High Risk Pregnancy

- Cardia, pulmonary, liver or renal disorders - Drug Exposure

- Pitting edema - Multiples

- Epilepsy or ther convulsive disorders - Hypertension

- Placental or cervical dysfunction - Genetic Abnormalities

- Abdominal pain - Bloody Discharge

- Leaking amniotic fluid - Sudden Weight Gain

- Fever - Diarrhea

- Sudden edema/swelling - Decrease in Fetal Movement over 24 Hours

- Severe headaches - Severe Nausea or Vomiting

Client’s Release:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the above conditions and symptoms which makes massage therapy during pregnancy contraindicated. The massage therapist has discussed this information with me and provided an opportunity for any questions. I have disclosed any and all hush risk factors of my pregnancy.

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

I understand the information contained on this form and confirm that I am receiving medical care including regular check-ups with my prenatal healthcare provider/physician. I have not experienced any of the listed symptoms, conditions or complications nor am I currently experiencing any of the listed symptoms, conditions or complications. 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 any and all liability for any harm that may unintentionally occur during treatments.

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