



Prenatal Massage Form

CONGRATULATIONS!!

Name: _____

Date: _____

Expected Due Date: _____

Any areas you want to focus on during your massage session?

Have you experienced any of the following:

- Multiple Pregnancy (twins)
- Gestational Diabetes
- Placental Dysfunction
- High Blood Pressure
- Pre-eclampsia
- Threatened Miscarriage
- Premature labor
- Heart Disease
- Bladder Infection
- Swollen hands/ feet
- Varicose Veins
- Phlebitis
- Leg Cramps
- Restless Legs
- Headaches
- Heartburn
- Indigestion
- Constipation
- Hemorrhoids
- Difficulty Sleeping
- Other: _____

Massage during Pregnancy provides many benefits. It enhances circulation, supporting the work of your heart, and increasing the oxygen and nutrients delivered to your baby. It can relieve the sensation of heaviness and aching in your legs caused by swelling or varicose veins. It can optimize your muscle tone and function, relieve muscle strain and fatigue, and reduce strain on your joints. Pregnancy massage reduces stress and promotes relaxation, contributing to a healthier pregnancy.

If you have been told your pregnancy is high risk, please notify the therapist. I have received and read written information concerning the possible benefits of massage therapy during pregnancy. I verify that I am experiencing a low risk pregnancy, and have stated all my known medical conditions.

I understand that I will be receiving massage therapy for the purpose of stress reduction, relief from muscle tension or spasm, or for increasing circulation and energy flow. I understand that the massage therapist does not diagnose illness, and as such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations.

I am aware that this massage is not a substitute for medical examination/diagnosis and that it is recommended that I see a physician for any ailment that I might have.

I understand and agree that I am receiving massage therapy entirely at my own risk. In the event that I become injured either directly or indirectly as a result, in whole or in part, of the aforesaid massage therapy I HEREBY HOLD HARMLESS AND INDEMNIFY the therapist, their principals, and agents from all claims and liability whatsoever.

Mom – to - be Signature: _____

Therapist Signature: _____