

PRENATAL MASSAGE RELEASE FORM

CONTRAINDICATIONS

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 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 miscarriage*
- *History of any high-risk pregnancy*
- *Cardiac/pulmonary/liver/renal disorders*
- *Mother's age under 20 or over 35*
- *Severe nausea or vomiting*
- *Epilepsy or other convulsive disorders*
- *Placental or cervical dysfunction*
- *Abdominal pain*
- *Leaking of amniotic fluid*
- *Decrease in fetal movement over 24-hour*
- *Severe headaches*
- *Preeclampsia*
- *Gestational Diabetes*
- *Drug exposure*
- *Severe headaches*
- *Genetic abnormalities*
- *Pitting edema*
- *Fetal growth retardation*
- *Bloody discharge*
- *Sudden weight gain*
- *Sudden edema/swelling*
- *Hypertension*
- *Fever*
- *Diarrhea*
- *Multiples*

CLIENTS RELEASE

I, _____, have read the aforementioned conditions and symptoms, which make massage therapy during pregnancy contraindicated. 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 have discussed with my prenatal healthcare provider/physician any health concerns that I had about receiving massage therapy and has given me clearance to receive massage therapy.

The massage therapist has discussed this information with me and provided an opportunity for any questions. 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 and Skinfinite Solutions Wellness Spa LLC of all liability for any harm that may unintentionally occur during my treatment(s).

Signature: _____ Initials: _____ Date: _____