Prenatal Massage Release Form

Prenatal Massage 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 risks associated with specific conditions that may occur during pregnancy.

You must inform your massage therapist/practitioner 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/practitioner to alter the massage.

- History of miscarriage
- Gestational Diabetes
- Cardiac, pulmonary, liver, or renal disorders
- Mother's age under 20 or over 35
- Pitting edema
- Epilepsy or other convulsive disorders
- Placental or cervical dysfunction
- Abdominal pain
- Leaking of 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

Client's Release

I, _____, have read the aforementioned conditions and symptoms which make massage therapy during pregnancy contraindicated. The massage therapist/practitioner 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 therapy.

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/practitioner of all liability for any harm that may unintentionally occur during my treatment(s).

Signature _____ Date _____