

## 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 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 the information with me and provided opportunity for me to ask 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 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 (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 listed symptoms, conditions, or complications. (4) I am experiencing a low-risk pregnancy.

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