

**Prenatal Client Information and Release Form**

**Prenatal Massage Therapy: Potential Benefits**

There are several observed or identified potential benefits to massage therapy during pregnancy including:

* Relieves muscular tension, especially in the lower back, upper back, shoulders and neck
* Reduces stress on weight-bearing joints
* Enhances body awareness for better posture and less discomfort
* Assists with body mechanics and movement during structural change
* Supports birth process by relaxing muscles involved in labor and birth
* Eases anxiety and stress during time of transition
* Gives emotional support and nurturance

**Prenatal Massage Therapy: Contraindications**

If a client discloses a high risk pregnancy, it is a strict policy of Bella Soul Message Therapy to require a signed doctor’s release form in order for a client to receive massage therapy services. High risk pregnancies include but are not limited to:

* Early labor, miscarriage threat, placental or cervical dysfunction
* Gestational Edema Proteinuria Hypertension (GEPH)
* Pre-existing cardiac, renal, connective tissues or liver disorders/diseases
* Fetal genetic disorders
* Complications in previous pregnancies
* Three or more miscarriages

Performing massage therapy during pregnancy is contraindicated for women experiencing and of the following symptoms:

* Bloody discharge
* Continual abdominal pains
* Sudden gush or leakage of amniotic fluid
* Sudden, rapid weight gain
* Increased blood pressure
* Protein or sugar in urine
* Severe back pain that does not subside with change in position
* Visual disturbances
* Severe nausea and/or vomiting

**Prenatal Massage Therapy: Client Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received and read the attached written information about the possible contraindications to massage therapy during pregnancy. I understand the information and confirm that:

* I have not experienced any of the complications listed on the attached sheet;
* I have not experienced any of the conditions listed, which would make it unwise to have massage therapy;
* I am experiencing a low-risk pregnancy;
* I am receiving medical care including regular check-ups throughout my pregnancy.

My physician and I have indentified the following exclusions to the above statements:

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I will be receiving massage therapy as a form of adjunctive health care only and this therapy is not intended to replace appropriate medical care.

Having been fully advised of the risks, contraindications, and complications to massage therapy during pregnancy, I have decided to participate in the therapy. Accordingly, I do forever release the practitioners and their insurers, and their respective officers, directors, stockholders, successors, employees and agents from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving massage therapy during this childbearing year.

I further agree to hold harmless and defend the practitioner of and from all actions, claims, or other legal or administrative action that has arisen or may arise directly from my and my child’s participation in this therapy.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

