

PRENATAL MASSAGE RELEASE FORM
CONNIE HODDE, LMT
THERAPEUTIC MASSAGE FOR WOMEN

Prenatal Massage Contraindications

Massage therapy during pregnancy has been shown to alleviate a number of common complaints, such as fatigue, musculoskeletal pain, sciatica, edema, and many other issues. However, there are risks associated with certain conditions that can occur during pregnancy.

Depending on your condition, massage therapy might be contraindicated, or I may need to take special precautions during your session. Please look at the list below and inform me if you've experienced or are experiencing any of the following conditions.

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

Client's Release

I, _____, have read the aforementioned list of conditions and symptoms which make massage therapy during pregnancy contraindicated. The therapist has discussed this information with me, and she has provided me with the opportunity to ask questions. I have disclosed any and all high risk factors of my pregnancy. I have also discussed with my prenatal healthcare provider/physician any health concerns that I have regarding receiving massage therapy. I agree that my healthcare provider/physician has given me clearance to receive massage therapy.

I understand the information contained in this form. I confirm that I am receiving medical care including regular checkups with a licensed healthcare provider. I confirm that I have not experienced any of the listed symptoms, conditions, or complications. I confirm that I am not currently experiencing any of the listed symptoms, conditions, or complications. I confirm that I am experiencing a low-risk pregnancy. I understand that I will be receiving massage therapy as an adjunct form of healthcare only. I acknowledge that this therapy is not intended to replace appropriate medical care. I release the therapist and Connie Hodde, LLC of any and all liability for any harm that may unintentionally occur during my treatment(s).

Printed Name and Date: _____

Signature: _____