



PRENATAL MASSAGE CLIENT CONSENT FORM

Prenatal massage has the same purpose as other styles of massage but is catered to the pregnant woman.

Benefits of Prenatal Massage

- Decreases anxiety and stress
- Promotes relaxation
- Lowers incidence of leg cramps
- Reduces swelling by stimulating circulation
- Relaxes baby and mother
- Eases backaches, headaches, shoulder and neck aches caused by muscle tension and changes in posture

Contraindications/Modifications for Prenatal Massage

Although pregnancy massage is beneficial in most cases, some women should not have a prenatal massage. Women who should avoid massage during pregnancy include those who suffer from the following conditions **if unstable**:

- Eclampsia (sudden, rapid weight gain, increase blood pressure, visual disturbances, severe headaches, protein or sugar in urine)
- Gestational Diabetes (excessive hunger and thirst, Increased urination in the second trimester)
- Gestational Edema Proteinuria Hypertension (GEPH)
- Signs of early labour (bloody discharge, continual abdominal pains, sudden gush or leakage of amniotic fluid)
- Miscarriage threat
- Placental or cervical dysfunction
- Phlebitis/Thrombosis or suspected clotting conditions
- Severe nausea and/or vomiting
- Kidney, liver or spleen compromise or infection
- Severe back pain **if not associated with other health history or symptoms**

There may be additional contraindications not listed. Please consult with your doctor if you have any concerns prior to receiving a prenatal massage.



PRENATAL MASSAGE CLIENT CONSENT FORM CONTINUED

Personal /Contact Information

Full Name: _____ Due Date: _____

Home Address: _____ Phone: _____

Emergency Contact

Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Please circle one of the following: This is my 1st or 2nd or 3rd or _____ pregnancy.

I, _____ have received and read the attached written information pertaining to the possible benefits and contraindications to massage therapy during pregnancy. I understand the information and confirm that:

I have not experienced any of the conditions/symptoms listed on the reverse

OR if I am / have any of the conditions I confirm they are stable and that massage has been approved by my primary care provider for this pregnancy

I am experiencing a low-risk pregnancy

I am receiving medical care including regular check-ups throughout my pregnancy. If my physician and I have identified any exclusion(s) to the statements above, I will list them here:

Consent: I understand that I will be receiving a massage therapy treatment and that this treatment is not intended to replace appropriate medical care. If at any point I experience any complications, changes in my health or medical condition or am considered to have a high risk pregnancy, I will notify Hand & Stone Massage and Facial Spa and my massage therapist.

I release Hand & Stone Massage and Facial Spa and its officers, directors, stockholders, successors, massage therapists, employees, Franchisor, agents and insurers 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.

My signature below affirms that I have read and agreed to the foregoing.

Print Name _____ Signature _____

MT Signature _____ Date _____

Consent to treatment of minor: By my signature below, I authorize HAND & STONE MASSAGE AND FACIAL SPA to administer massage or bodywork techniques to my minor child or dependent (name: _____) as they deem necessary or proper.

SIGNATURE: _____ DATE: _____