



## Prenatal Massage Client Consent Form

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

How many weeks along are you? \_\_\_\_\_ Due Date: \_\_\_\_\_

This is my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, etc.) pregnancy. This is my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, etc.) birth.

Do you currently/previously have any of the following symptoms or conditions?

Current  Previous  Both

Excessive Swelling of Hands & Feet

Preterm Labor

Previous Miscarriage

Decreased Fetal Movement in the  
Past 24 Hours

Leaking Amniotic Fluid

Uterine Bleeding

Abdominal Cramping or Pain

Leg Cramping

Problems with Placenta

Separation of Rectus Muscles

Separation of Symphysis Pubis

Twins or more

Previous Cesarean Birth

Sciatica

Morning Sickness

Do you have the permission from your GP/Health care provider, if suffering from any of the above, to receive massage treatment?  Yes  No

Name of GP/Health care provider: \_\_\_\_\_

Contact number: \_\_\_\_\_

Have you had any complications during your current/previous pregnancies?  Yes  No

If yes, please explain:

---

---

I have completed this health form to the best of my knowledge. I understand that bodywork is a health aid and does not take the place of a physician's care. Any information exchanged during a massage or bodywork session is confidential and is only used to provide you with the best health care services. I know that massage/bodywork can be harmful in some circumstances; I fully assume responsibility for receipt of massage therapy, and release and discharge the therapist from any and all claims, liabilities, damages, actions from therapy received. I fully and fairly answered these questions and described my health and will tell the practitioner of any changes. I acknowledge that I have been informed of all precautions and risks associated with prenatal massage and I have been made fully aware of the possible outcomes.

► Client Signature \_\_\_\_\_ Date \_\_\_\_\_