

Prenatal Massage Consent Form

Prenatal Care Provider/Doctor: _____ Telephone: _____

Due Date: _____ Number of Weeks Pregnant: _____

Please check symptoms

	present	past		present	past
anemia			sciatica		
leaking amniotic fluid *			separation of the rectus muscles		
bladder infection *			separation of the symphysis pubis		
uterine bleeding *			skin disorders/ athletes foot		
blood clot or phlebitis *			twins or more! *		
chronic hypertension *			varicose veins		
abdominal cramping *			visual disturbances *		
diabetes (gestational or mellitus)			previous cesarean birth		
edema/swelling			contagious conditions		
fatigue			muscle sprain / strain		
headaches			heart attack / stroke		
insomnia			arthritis		
high blood pressure *			carpal tunnel syndrome		
leg cramps			allergy to nut oils		
miscarriage *			low blood pressure		
nausea			bursitis		
problems with placenta *			hypo or hyperglycemia		

Anything else you would like me to know? _____

I am experiencing a low risk/high risk (circle one) pregnancy according to my doctor/midwife. If I am currently having or develop complications (any conditions/symptoms listed above with *). I will discuss the condition with my massage therapist, and will have a medical release for bodywork signed by my prenatal care provider before continuing bodywork. 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.

SIGNATURE

DATE