



Prenatal Massage Release & Consent Form

Overview of Prenatal Massage:

Prenatal massage is designed specifically for the needs of pregnant women, offering physical and mental benefits during pregnancy.

Benefits Include:

- Reduced anxiety, stress, and promotes relaxation
- Eases back, neck, shoulder, and joint pain caused by posture changes
- Reduces swelling by stimulating circulation
- Improves nutrient, oxygen, and immune support to the baby
- Helps relax both mother and baby
- Lowers the incidence of leg cramps

Contraindications:

Prenatal massage is not suitable for everyone. Please avoid massage if you have any of the following conditions:

- Eclampsia or preeclampsia
- Gestational diabetes or hypertension
- Early labor, miscarriage risk, placental/cervical dysfunction
- Bloody discharge, abdominal pain, or fluid leakage
- Sudden weight gain or increased blood pressure
- Severe headaches, nausea, vomiting, or visual disturbances
- Thrombosis, kidney or spleen compromise, varicose veins with clotting risks

Important: Please consult your healthcare provider if you have any concerns or other symptoms not listed above.

Client Acknowledgment & Consent:

By signing this consent form, you confirm the following:

(Please initial next to each statement)

- I have read and understood the benefits and contraindications of prenatal massage.
- I have not experienced any of the conditions listed that would make it unsafe for me to receive a massage.
- I am receiving regular medical care throughout my pregnancy.
- I have consulted my physician, and they have approved prenatal massage.

If my physician has any specific concerns or restrictions, they are listed here:

Physician Information

- Physician Name: _____ Phone: _____

Do we have permission to contact your physician if needed? Yes, No

Liability Waiver:

I understand that prenatal massage is an adjunct form of care and is not intended to replace medical treatment. I release All Is Well Holistic Spa, its therapists, staff, and affiliates from any liability resulting from injury or damage during my massage.

Client Information:

- Full Name: _____ Due Date: M/ _____ D/ _____ /202 _____
- Current Pregnancy Week: _____
- Emergency Contact Name: _____ Phone: _____

Signature

By signing below, I confirm that I have read and understood this form and consent to prenatal massage.

- Signature: _____ Date: _____