

# PREGNANCY MASSAGE CONSENT

(FORM UPDATED 05/23/2020)

During pregnancy, the body undergoes major changes of both a physical and psychological nature. Massage therapy can be a safe, drug free method to release muscle tension and emotional stress. I understand that a massage therapist is not a medical doctor and that massage therapy does not replace routine obstetrical care.

I have reviewed the following list of pregnancy complications, and verify that I do not currently have any of the following conditions or symptoms:

- A diagnosis of a high-risk pregnancy by my physician
- Pre-term labor/possible miscarriage: discharge of blood, amniotic bag ruptured, pains or contraction in uterus
- Pre-eclampsia (GEPH): unusual weight gain, protein in urine, high blood pressure
- Eclampsia (toxemia): severe water retention, headaches, back pain, vomiting, visual disturbances
- Gestational Diabetes: abnormal appetite/thirst, sugar in urine
- Deep Vein Thrombosis: pain, redness, or swelling isolated to one leg

I have had the opportunity to ask the massage practitioner any questions I may have about pregnancy massage, and I have discussed this with my physician or other prenatal health care practitioner. I affirm that I do not currently have any of the above conditions except a listed here: (list any symptoms from above list or other conditions relevant to receiving massage, or write "none")

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If I suspect that I have developed any of the above symptoms, I will promptly notify the massage therapist in writing, and I will obtain a written release from my obstetrician before seeking further massage. I consent to allowing the massage practitioner to contact my primary health care provider regarding my condition.

By placing my signature on this form, I permanently release Integrity Chiropractic and their employees, insurers, heirs or assigns, from all liability to me or my unborn child that may arise as a result of my receiving massage therapy during this pregnancy. I agree to defend and hold harmless Integrity Chiropractic from any claims that may arise as a result of my receiving prenatal massage.

Print name: \_\_\_\_\_ Due Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Obstetrician's Name & Phone Number (if known): \_\_\_\_\_