

## Prenatal Massage Therapy Release Form

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Pgr: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

In case if emergency. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

My health care provider is \_\_\_\_\_ Phone: \_\_\_\_\_

Please answer the following questions before we begin. Thank you!

- |  | YES | NO  |
|--|-----|-----|
| 1. Have you had a professional massage before? If so, when? _____            | ___ | ___ |
| 2. Do you have any vaginal bleeding or watery discharge?                     | ___ | ___ |
| 3. Are you experiencing morning sickness, nausea or vomiting?                | ___ | ___ |
| 4. Do you have varicosities (varicose veins)?                                | ___ | ___ |
| 5. Are you experiencing areas of pain or discomfort? If yes, where?<br>_____ | ___ | ___ |
| 6. Do you have any concerns you would like to discuss?<br>_____              | ___ | ___ |

I \_\_\_\_\_ understand that I will be participating in massage therapy as a form of adjunct health care.

This is my \_\_\_\_\_ (1<sup>st</sup>, 2<sup>nd</sup>, etc...) pregnancy and is progressing normally and I am \_\_\_ weeks pregnant. My due date is \_\_\_\_\_! I am giving birth at \_\_\_\_\_!

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

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

Ranelle Williams  
303-684-8074