

Prenatal Information & Consent Form

Name:

Date:

How far along in your pregnancy are you right now?

Does your doctor consider your pregnancy _____ normal _____ high risk?

Is this your first pregnancy?

Have you ever had a miscarriage?

Have you ever been placed on bed rest?

I confirm that I am experiencing a low-risk pregnancy and I would like the therapist to use appropriate massage/bodywork techniques with me today.

I also agree to inform my therapist before bodywork sessions begin, of any changes in my pregnancy, such as

- vaginal bleeding or abnormal discharge
- a reduction in fetal movement
- excessive swelling in hands, feet, arms or legs
- concerns about poor circulation or increased risk of blood clots
- being placed on bed rest
- any other persistent pain or discomfort
- any other concerns regarding my health about which my doctor has given me guidelines or advice

Client Signature _____

Therapist Signature _____