



Prenatal Massage Therapy

High-Risk Informed Consent

For the safety of you and your baby, if you have one of the high-risk conditions noted below, you will need a doctor's note of approval in order to receive your prenatal massage at The Gentle Place. Please sign one of the two consent options below.

Pregnancy complications requiring a written Doctor's note for consent for massage:

___ Thrombii (heat, swelling or pain in calves)

___ Gestational Diabetes

___ Ectopal/Tubal pregnancy

___ Hyperemesis gravidarum

___ Placental Abnormalities

___ Bleeding or Leakage of amniotic fluid

___ Cramping/Contractions/ Pelvic or thigh pressure

___ Cervial insufficiency

___ UGR (Intrauterine growth restriction)

___ SGA (Small for gestational age)

___ Gestational Hypertensive Disorders (High blood pressure, protein in urine, systemic pitting edema, violent headaches, visual disturbances, severe vomiting, convulsions.)

(Not High Risk)

I, _____, (client) confirm that to the best of my knowledge my pregnancy is **NOT considered "high risk"** and I do not have any of the pregnancy related complications listed below.

Client Signature

Date

(High Risk)

I, _____, (client) confirm that **I have the pregnancy related complication(s) marked above**, and have supplied written consent for prenatal massage from my Doctor.

Client Signature

Date