

## Prenatal Massage Informed Consent

You are making a decision whether or not to receive a prenatal massage.

Please review the following contraindications associated with this treatment.

After reviewing the contraindications you may decide to cancel your prenatal massage. There will be no financial consequences associated with that action.

Do you experience or have you been diagnosed with any of the following?

- ☐ Severe high blood pressure not medically controlled
- ☐ Skin conditions; shingles/herpes, extreme dermatitis
- ☐ Sunburn
- ☐ Open sores
- ☐ Fever or infections

Are you experiencing any of the following?

- ☐ Bloody discharge
- ☐ Menstrual type cramping
- ☐ Vaginal fluid dis-charge

If you are less than 37 weeks along in your pregnancy and are experiencing any of these symptoms, this could be a sign of premature labor. Please seek medical attention immediately

Are you experiencing any of the following?

- ☐ Visual disturbances
- ☐ Severe nausea, vomiting & flu like symptoms
- ☐ Severe headaches
- ☐ Upper right quadrant pain
- ☐ Edema above mid shin VS edema around ankles

If you are experiencing any of these symptoms, this could be a sign of preeclampsia. Please seek medical attention immediately.

Your signature indicates that you have read the information provided above and have decided to receive a prenatal massage.

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Signature Date