



## Prenatal Consent Form

All high risk pregnancies require a doctors release before any massage treatment.

High risk pregnancies include :

1. Early labor, miscarriage threat, placental or cervical discharge
2. Gestational Edema Proteinuria Hypertension (GEPH)
3. Eclampsia
4. Pre- existing cardiac, renal, connective tissues or liver disorders/diseases
5. Fetal genetic disorder
6. Complications in previous pregnancies
7. Three or miscarriages
8. Multiple birth pregnancy

Please read and check if applicable:

- I have not experienced any of the complications listed and have been ok'd by a doctor to receive massage.
- I am receiving routine check ups for this pregnancy.

By signing below i hereby authorize Picturesque Massage Therapy staff to administer massage as deemed necessary, and agree to not hold any legal actions that has arisen or may arise directly from my child's participation in this service.

Pregnancy Due Date: \_\_\_\_\_

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

