

Prenatal Massage Consent Form

(must be filled out in addition to health intake)

Number of weeks: _____

Is this your first pregnancy? _____

How many children do you have? _____

Due date: _____

Are you under the care of a doctor/midwife? _____ Who? _____

Is your pregnancy in any way high-risk? _____ If yes, why? _____

Do you have any symptoms or conditions brought on by pregnancy that we need to address?

Informed Consent: Meredith Brna, LMBT # 13977 will accept any low-risk prenatal client at any stage of her pregnancy. Studies have shown there is no correlation with first trimester massage and miscarriage. High-risk clients must first have a signed note on file from their prenatal care provider clearing them for massage. By signing this form, you are verifying your good health and consent for massage.

Signature _____ Date: _____