

PRENATAL MASSAGE CONSENT

During pregnancy, the body undergoes major changes of both a physical and psychological nature. Massage therapy can be a safe, drug free method to release muscle tension and emotional stress. I understand that Jennifer Putt PT, CMP is not a medical doctor and that massage therapy does not replace routine obstetrical care.

I have reviewed the following list of pregnancy complications and verify that I do not currently have any of the following conditions or symptoms:

- A diagnosis as a high-risk pregnancy by my physician
- Pre-term labor/possible miscarriage diagnosis or symptoms including discharge of blood, amniotic bag rupture, pains or contractions of the uterus
- Pre-eclampsia (GEPH) diagnosis or symptoms including unusual weight gain, protein in urine or high blood pressure
- Eclampsia (toxemia) diagnosis or symptoms including severe water retention, headaches, back pain, vomiting or visual disturbances
- Gestational diabetes diagnosis or symptoms including abnormal appetite/thirst or sugar in urine
- Deep vein thrombosis diagnosis or symptoms including pain, redness or swelling isolated to one leg

If I develop any of the above symptoms, I will promptly notify Jennifer Putt PT, CMP in writing and I will obtain a written release from my obstetrician before seeking further prenatal massage. I consent to allowing Jennifer Putt PT, CMP to contact my primary care provider regarding my condition.

I have had the opportunity to ask Jennifer Putt PT, CMP any questions that I may have about prenatal massage and I have discussed this with my physician or other prenatal health care practitioner.

By signing this form I permanently release Jennifer Putt PT, CMP and her insurers, heirs or assigns, from all liability to me or my unborn child that may arise as a result of my receiving massage therapy during this pregnancy. I agree to defend and hold harmless Jennifer Putt PT, CMP from any claims that may arise as a result of my receiving prenatal massage.

NAME: _____

SIGNATURE: _____

DATE: _____

PARENT OR LEGAL GUARDIAN (REQUIRED IF UNDER 18)

NAME: _____

SIGNATURE: _____

DATE: _____