

Prenatal Massage Waiver Form

Client Information

Name

Expected Due Date

Phone Number

Email

Healthcare Provider's Name

Medical Information

How many weeks pregnant are you?

Are you experiencing any complications during this pregnancy?

Have you been advised by your healthcare provider to avoid massage? If yes, please explain.

Any allergies, medical conditions, or recent surgeries?

Informed Consent & Waiver

I understand that prenatal massage is intended to support wellness during pregnancy and is not a substitute for medical care. I agree to immediately communicate any discomfort during the session. I affirm that I have informed the massage therapist of all known medical conditions, pregnancy complications, and medications.

I release the massage therapist and facility from any liability for any injury or condition that may arise from participation in massage therapy.



I have read and understand the information above and give my consent to receive prenatal massage.

Client Signature

Date

Massage Therapist Signature

Date
