

WILLIAMSTON WELLNESS, PLLC

PRENATAL CONSENT FORM



Today's Date _____

Name _____ Date of Birth _____

What week of pregnancy are you currently in? _____ Due Date _____

Prenatal Care Provider/Doctor's Name: _____

Provider's Phone Number: _____ May we contact in case of emergency? Yes No

Have you previously had prenatal massage or chiropractic care? Yes No

Is your pregnancy considered high-risk? Yes No If yes, please explain further _____

Have you had any complications? Yes No If yes, please explain further _____

Please answer the following by marking Yes or No as appropriate for each question:

- Yes No Have you had any recent morning sickness, vomiting, diarrhea, or fever?
- Yes No Have you noticed a reduction in fetal movement during the past 24 hours?
- Yes No Have you had excessive swelling in your arms, legs, hands, feet, or face?
- Yes No Do you have poor circulation and/or varicose veins in your legs?
- Yes No Have you been, or are you currently, inactive or placed on bed rest?
- Yes No Have you experienced any vaginal bleeding or abnormal discharge in the last 24 hours?
- Yes No I am having a normal, healthy pregnancy.

If you have any issues you do not wish to state on this form, please discuss it with your massage therapist.

Is there anything we can do to make your massage experience more comfortable and relaxing? _____

BY SIGNING BELOW, I AGREE:

I have completed this consent form to the best of my knowledge. I understand that massage therapy is a health aid and does not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide the best massage care. If I am having or develop any complications I will discuss them with my massage therapist. I hereby voluntarily release Williamston Wellness, PLLC and any of its therapists from any liability should my condition be aggravated at any time. By signing below, I agree that I have read the information above and have decided to receive a prenatal massage at my own risk.

Signature _____ Date _____