Dynamic Touch
Massage Experts

Client's Informed Consent
Massage for Pregnancy

Print Name: _____ **Due Date:** _____ **Week** _____

What discomforts, pain or other needs are you hoping to have addressed through this massage therapy?_____

_____

_____

Who are you regularly seeing? ☐ Physician ☐ Nurse-Midwife ☐ Midwife

Name and Phone of above _____
Chosen Delivery Hospital _____

Is your body temperature usually: ☐ Hot ☐ Cold

Are you comfortable lying: ☐ On Left Side ☐ On Right Side ☐ Slightly sitting up (as in bed)

Have you had any complications with this pregnancy? List Other _____

☐ Bleeding	☐ Cramping	☐ Amniotic Fluid Leak	☐ Water Retention
☐ High Blood Pressure	☐ Rapid Weight Gain	☐ Protein in Urine	☐ Vision Disturbances
☐ Severe Nausea	☐ Severe Vomiting	☐ Headaches	☐ Abnormal Fetal Growth
☐ High Blood Sugar	☐ Multiple Pregnancy	☐ Abnormal Fetal Heartbeat	☐ Shingles
☐ RH or Genetic Problems	☐ Abnormal Fetal Movements	☐ Preeclampsia	

Have you ever had any of the following conditions? List Other _____

☐ Diabetes	☐ Heart Disorder	☐ Lung Disorder	☐ Kidney Disorder
☐ Convulsive Disorder		☐ Uterine Abnormality	☐ Connective Tissue Disease

Do you currently have any infection or problems? List Other _____

☐ Cold/Flu	☐ Bladder Infection	☐ Skin Irritation	☐ Vericose Veins

Is there any other relevant information about you, this pregnancy, or prior pregnancies that I should know?

_____

_____

For Office Use Only
MT: _____ F/U Date: _____ TYC Date: _____ ☐Scan ☐Upload ☐MBOinput

Dynamic Touch

Client's Informed Consent
Pregnancy Massage

Print Client name: _____

Pregnancy is a time of major structural, physiological, psychological, spiritual and social changes. Some of these changes produce discomforts and concerns which can be addressed with appropriate massage therapy and general guidance. Below is a list of possible benefits and contraindications. By reading and signing below you are giving informed consent to go ahead with the massage. These benefits may be desired, however, none of them are guaranteed.

When used as a form of adjunctive health care, some of the possible benefits during pregnancy are:

1. Reduction of stress and promotion of relaxation through physical nurturance and emotional support
2. Increased blood and lymph circulation, reduced edema, and relief from varicose veins
3. Facilitation of respiratory, gastrointestinal, hormonal, and other physiological processes
4. Reduction of musculoskeletal strain and pain, especially in the back and neck.
5. Development of nurturing maternal touch
6. Shorter, less painful labor and reduction of labor complications and interventions due to development of the kinesthetic (body) awareness necessary to actively participate in birthing

Massage therapy after pregnancy may produce the possible benefits of:

1. Facilitation of the restoration of pre-pregnancy physiology/structural alignment
2. Facilitation of the healing of hemorrhoids, bladder disorders, post-episiotomy, soreness, and Cesarean section
3. Assistance with body usage to minimize the physical and structural stress of carrying, nursing and caring for a newborn

Complications of pregnancy which would contraindicate massage therapy (unless a physician's release is received):

1. Threatened miscarriage
2. Early labor
3. Placental dysfunctions
4. Hypertensive disorders of pregnancy including pregnancy induced hypertension(PIH), or pre-eclampsia (GEPH)
5. Gestational diabetes
6. Intrauterine growth retardation

I, the client, understand that the massage therapy provided by Dynamic Touch Therapist is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage therapy not listed already are specified below:

_____

_____

The general benefits of massage, possible contraindications, and the treatment procedure have been explained to me. I understand that massage is not a substitute for medical treatment or medication, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy. I have informed the therapist of all of my known physical conditions, and medications and it is my responsibility to keep the therapist informed of any changes. I understand the risks and choose to receive skilled touch.

Client Signature _____ Date _____ Parent/Guardian _____