

Prenatal Massage Consent Form

- - Confidential Information - -



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 Telephone Number _____

May we contact in case of emergency? Yes No

Have you previously had prenatal massage? 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: _____

If you have an issue you do not wish to state on this form, please discuss it with your 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 Ohlala Moroccan Spa and any of its affiliates, franchisees and 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: _____