

Kim Pon, Certified Massage Therapist
CA State License #3076

Pre-Natal Release Form

Please read the list of benefits and possible contraindications/precautions below before signing this form.

Pre-Natal Massage Benefits

Potential benefits to massage therapy during pregnancy include:

- Reduces stress & anxiety and promotes relaxation through emotional support and physical nurturing
- Reduces edema/swelling and high blood pressure, increases blood and lymph circulation
- Relief from muscular tension, especially in the lower back, upper back, shoulders, and neck

Pre-Natal Massage Contraindications/Precautions

It is not recommended for Soon to be mothers experiencing any of the following symptoms/signs to receive massage therapy:


- Fever
- Increased blood pressure
- Continual abdominal pains
- Bloody discharge
- Severe nausea and/or vomiting
- Severe headaches
- Decrease in fetal movement over a 24-hour period

Pre-Natal High Risk Pregnancies

Listed below are factors that include, and are not limited to, pose a threat to the mother, baby, or both and **REQUIRE** a written release from the pre-natal healthcare provider **PRIOR** to receiving massage therapy:

- Complications in previous pregnancies
- Three (3) or more consecutive miscarriages
- Fetal genetic disorders
- Gestational Diabetes
- Rh-negative mother or genetic problems
- Maternal Illnesses (mother has prior to pregnancy:
 - Diabetes Mellitus
 - Chronic Hypertension/High - Blood Pressure
 - Cardiac & Renal disease or disorders
 - Connective tissue or liver disease disorders

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I, _____, have received and read the information written on the previous page about the benefits and possible contraindications/precautions of massage therapy during pregnancy. I understand the information and confirm that:

- I have not experienced any of the complications or conditions listed on the previous page, which would make it ill-advised to have massage therapy;
- I am experiencing a low-risk pregnancy;
- I am receiving medical care including regular check-ups throughout my pregnancy;
- My physician has said it is safe for me to receive pre-natal massage.

I understand that I will be receiving massage therapy as a form of adjunctive healthcare only and that this therapy does not replace appropriate medical care.

Having been fully advised of the risks, contraindications/precautions, and complications of massage therapy during pregnancy, I have decided to participate in this therapy. Accordingly, I do forever release Kim Pon, Certified Massage Therapist, Elements Salon, the practitioners and their insurers, as well as their respective officers, directors, stockholders, successors employees and agents from all liability of any nature whatsoever, whether past, present or future, for injury or damage which may occur to myself or my family as a result of my receiving massage therapy during this childbearing year.

I further agree to hold harmless and defend the practitioner of and from all actions, claims, or other legal or administrative action that has arisen or may arise directly from my and my child's participation in this therapy.

Signed: _____ Date: _____

Printed Name: _____