

Heather James, LMBT #10296

Prenatal Massage Consent Form (must be filled out in addition to health intake)

of weeks:_____ Is this your first pregnancy?____ How many children do you have?_____

Due date:_____ Are you under the care of a doctor/midwife?_____ Who?_____

Is your pregnancy in any way high-risk?_____ If yes, why?_____

Do you have any symptoms or conditions brought on by pregnancy that we need to address?

Informed Consent: Heather James, LMBT #10296 will accept any low-risk prenatal client at any stage of her pregnancy. Studies have shown there is no correlation with first trimester massage and miscarriage. High-risk clients must first have a signed note on file from their prenatal care provider clearing them for massage. You may bring that in or fax it to (919) 241-5021 ATTN: Heather James. By signing this form, you are verifying your good health and consent for massage.

Signature_____ Date:_____