



Absolute Massage Therapy **Consent to treat A Prenatal Client**

By signing below, I authorize the licensed massage therapy staff at *Absolute Massage Therapy* to administer massage therapy services to me during my pregnancy. I understand that *Absolute Massage Therapy* staff strongly encourages me to communicate with my physician about the potential benefits and risks of prenatal massage as relevant to my specific case.

- I am supplying a physician's note that states I may receive massage during the (first / second / third) trimester(s) of my pregnancy, and any parameters that apply.
- I have communicated with my physician about the potential benefits and risks of receiving prenatal massage. Listed below are concerns my physician has communicated to me:

Physician's name: _____

Phone: _____

Address: _____

Do we have permission to contact your physician in case of emergency? Yes No

Due Date: _____

Signature of Client: _____

Printed Name of Client: _____

Today's Date: _____