

Center for Integrative BodyWork

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Obstetrician’s Pregnancy Massage Release Form for 1st Trimester or “High Risk Factor”

This verifies that I am providing medical care/consultation for: _____
(patients name)

and I am familiar with her current state of pregnancy. I have been requested to provide this medical clearance in order for the patient to receive pregnancy massage(s). The massage(s) will be provided by a Licensed Massage Therapist who has additional certification in pre and peri-natal massage. This release is required by the massage therapist because the patient is either seeking massage during the first trimester and/or is considered to be a “high-risk factor” pregnancy.

Please check box(es):

- I medically clear this patient for first trimester pregnancy massage.
- I medically clear this “high risk factor” patient for pregnancy massage.
- I have these additional instructions / restrictions / precautions:

(signature)

(date)

(printed name)

(phone)