

## Pre-Postnatal Massage Release Form

Your patient, \_\_\_\_\_, has requested Pre-Postnatal Massage. Pre-Postnatal Massage during pregnancy is provided as adjunctive health care by a massage therapist who has been certified in Pre-Postnatal Massage Therapy.

It is My 360 Massage's policy to work with this client only if her maternity healthcare provider has reviewed this request with her. In addition, if her pregnancy is high risk, or she has experienced any complications or contraindicated conditions, a written medical release is required from her healthcare provider stating any specific limitations or precautions that are appropriate.

Please allow patient to receive pre-postnatal massage per my specific instructions below.

Specific limitations or precautions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please verify your clearance of this request by your signature below. This verification may be modified or withdrawn at any time should your patient's health status change.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Office phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Thank you for this opportunity to work with you in providing adjunctive pre-postnatal care to your patient.

Please return to Sherry Weldon in person or email to [info@my360massage.com](mailto:info@my360massage.com)  
Thank you!

