PRENATAL CONSENT FORM

Name	Due date

HEALTH HISTORY

Prenatal Care Provider Name:	Office Phone:	May we contact if needed?

What Trimester Are You In?	Have you had prenatal massage before? ☐ Yes ☐ No	Is your pregnancy considered high risk? Please explain. ☐ Yes ☐ No

Please describe any complications / problems with this pregnancy :

Is there anything we can do to make your massage more comfortable, relaxing and/or enjoyable?

If you have an issue you do not wish to state on this form, please discuss it with your therapist.

TERMS & CONDITIONS

BY SIGNING BELOW, I AGREE THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

I have completed this intake and consent form to the best of my knowledge. I understand that massage therapy is a health aid and does not take the place of a physician's care. Any information exchanged during a massage session is confidential and is only used to provide the best massage care. If I am having or develop any complications I will discuss them with my massage therapist.

I hereby voluntarily release Operator dba Elements Massage™, Elements Therapeutic Massage, LLC, the franchisor of the Elements Massage™ franchise system, its and their affiliates and their respective shareholders, members, principals, owners, officers, directors, employees, agents, representatives, successors, and assigns from all claims, costs, demands, expenses, and causes of action should my condition be aggravated at any time. By signing below, I agree that I have read the information above and have decided to receive a prenatal massage at my own risk.

Name of Studio Operator: Elements Massage of South Barrington ***("Operator")***
Studio Address: 100 W Higgins Rd. #L-4, South Barrington, IL 60010 ***("Studio")***

Signature	Print Name	Date	MT Initials

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