

**PRENATAL RELEASE FORMS**

**HEALTH CARE PROVIDER'S RELAEASE FOR MASSAGE DURING PREGNANCY**

To: Darla J. Donovan, Certified Massage Therapist

\_\_\_\_\_ (patient's name) is under my supervision for prenatal health care. Her pregnancy is progressing normally. Therapeutic massage would, in my opinion, be an acceptable form of adjunctive care during her pregnancy. I have listed below any limitations in massage procedures for this patient:

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Signature \_\_\_\_\_, prenatal health care provider

Date \_\_\_\_\_ Phone or email \_\_\_\_\_

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**PHYSICIAN'S RELEASE FOR MASSAGE DURING PREGNANCY**

\_\_\_\_\_ (patient) has requested prenatal therapeutic massage. These services are provided as adjunctive health care. When an individual's pregnancy is high risk, or she has experienced complications or contraindicated conditions, it is our policy to work with her only if her maternity health care provider has reviewed this request. Please verify your clearance of this request by your signature below. Please also list any precautions or limitations which you feel to be appropriate. Thank you for your assistance.

Limitations \_\_\_\_\_

Signature \_\_\_\_\_

Phone or email \_\_\_\_\_ Date \_\_\_\_\_

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**MOTHER'S RELEASE**

To: Darla J. Donovan, Certified Massage Therapist

I understand that I will be participating in massage therapy sessions as a form of adjunctive health care. My pregnancy has been progressing normally.

Prenatal health care provider: \_\_\_\_\_ Phone or email \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_