



Consent Waiver for Prenatal Massage

By signing below, I _____
Print Your Name authorize the Licensed Massage Therapist at Flourish Massage & Bodywork to administer therapeutic services during my pregnancy. I understand that Flourish Massage & Bodywork Therapists encourage 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 my (1st / 2nd / 3rd) trimester(s) of my pregnancy, and any parameters that may apply: _____
- I waive the recommended opportunity to bring in a note of prenatal massage consent from my physician.

I understand it is advisable against receiving massage services during my 1st trimester without a note from my physician.

- I am in my 1st trimester
- I am in my 2nd or 3rd trimester

Signature: _____

Date: _____