



Prenatal Consent Waiver

I _____ am consenting to have a certified massage therapist for Simple Health Acupuncture and Wellness perform massage therapy on me during my pregnancy. I understand that Simple Health encourages me to discuss massage therapy during pregnancy with a physician. If I have been advised by my healthcare provider that I have a high-risk pregnancy, I understand that a note from my physician allowing massage may be required by Simple Health before I can receive a treatment.

How many weeks are you? _____

May we contact your physician in case of emergency?

Yes No

Physician Name: _____ Phone Number _____

Print Name: _____

Date: _____

Signature: _____