Mother Earth Massage

710 Grand Ave #4

Billings, MT 59101

Laura Morledge

(406) 794-9519

Prenatal Massage Medical Release

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(care provider), verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client’s

name) would benefit from massage therapy during her pregnancy. At this time in her pregnancy, her

risk level is: (circle one) Low / Moderate / High. I understand that all prenatal massages, at Mother

Earth Massage, are preformed safely in either the side-lying or semi-reclined position.

Any specific precautions that the massage therapist should be aware of:

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*This release can be changed or cancelled in the case that this client’s condition changes.* I can be contacted for clarification or review of this client’s condition Yes/No (circle one) at the following number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_