



By signing below, I authorize Lori Sharp massage therapist to administer massage therapy services to me during my pregnancy. I understand that Lori strongly encourages 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 the (first / second / third) trimester(s) of my pregnancy, and any parameters that apply.

I have communicated with my physician about the potential benefits and risks of receiving prenatal massage. Listed below are concerns my physician has communicated to me:

I waive the recommended opportunity to bring in a note of prenatal massage consent from my physician.

Physician's name: _____ Phone: _____

Physician's signature: _____

Address _____

Do we have permission to contact your physician in case of emergency? Yes No

Due Date: _____ I am this many weeks along today: _____

Today's Date: _____

Signature of Client: _____

Printed Name of Client: _____