



Touch of Bliss

Monica Radtke, LMT
102 S. Nevada St.
Carson City, Nevada 89703
775-291-9577
www.touhofblissbymoni.com

Pregnancy Massage Release Form

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

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

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 phone number: _____.

Signature _____ Date _____

Printed Name _____

Office Phone _____