



Chokkan Shiatsu & Wellness Services

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Shiatsu • Seiki • Sotai • Craniosacral • Massage • Heartwork™ Coaching

Maternity Massage Intake Form

I, _____, have received and read the information provided on the “Prenatal Benefits & Contraindications” document that is readily available from Chokkan Shiatsu & Wellness Services. I understand that there may be contraindications to massage therapy during pregnancy and I confirm that:

- I have not experienced any of the complications listed on the aforementioned document;
- I have not experienced any of the conditions listed, which would make it unwise to have massage therapy;
- I am experiencing a low-risk pregnancy;
- I am receiving medical care including regular check-ups throughout my pregnancy;
- I have been cleared by my physician/healthcare provider to receive post-natal massage.

If applicable, my physician and I have defined the following exclusions to the aforementioned document and I have provided a physician/healthcare provider referral form to Chokkan Shiatsu & Wellness Center:

Signed: _____ Dated: _____

I understand that I will be receiving massage therapy as a form of adjunctive health care only and that this therapy is not intended to replace appropriate medical care.

Having been fully advised of the risks, contraindications, and complications to massage therapy during pregnancy, I have decided to participate in the therapy. Accordingly, I do forever release the practitioners and their insurers, and their respective officers, directors, stockholders, successors, employees, and agents from all liability of any nature whatsoever, whether past, present, or future, for injury or damage which may occur to myself or my family as a result of my receiving massage therapy during this childbearing year.

I further agree to hold harmless and defend the practitioner of and from all actions, claims, or other legal or administrative action that has arisen or may arise directly from my and my child’s participation in this therapy.

Signed: _____ Date: _____

Print name: _____