

PREGNANCY MASSAGE CLEARANCE

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To whom it may concern

I wish to obtain clearance for
..... to receive relaxation massage during her pregnancy. Please verify that she is in good health and has not experienced and complications of pregnancy that would be considered a contraindication to receiving a massage.

Contraindications include:

Placental / foetal abnormalities
Hypertension / pre eclampsia
Recurrent miscarriage
Infection
Vaginal bleeding
Diabetes
Cardiac conditions
Extreme oedema
Extreme fatigue
Decreased foetal movements
General poor health

(Client name) does not experience pregnancy complications and as her Midwife / Specialist / LMC (circle one) I consent to her receiving a massage during her pregnancy. If any complications arise in the future I will advise her to make you aware, and you may contact me for further clearance.

Name _____
Signed _____ Midwife/Specialist/LMC

Phone number _____ Date

Thank you for taking the time to complete this form. Please contact me if you wish to discuss this any further.

Kind regards,
Rebecca Divett