

# 【 Consent Form 】

Thank you for coming to see us today.

Olive spa maternity treatments are conducted safely and carefully, but are not medical treatment intended for therapeutic purposes. Instead they are treatments aimed at relaxing the mind and body. To maintain your physical condition and promote the healthy development of the babies in your womb, we ask that you refrain from undergoing treatment if any of the following conditions apply.

- If your physician has instructed you to be on bed rest
- If you have been diagnosed with threatened premature delivery or threatened abortion
- If you are experiencing bleeding
- If you have an infection
- If you have a fever
- If you are not feeling well
- If you feel differently than usual (if your belly feels bloated, etc.)
- If you have the following symptoms:
  - Gestational hypertension • Gestational diabetes • Placenta previa
  - Deep vein thrombosis • Monochorionic multiple pregnancy
  - Malignant tumor • Osteoporosis • Major trauma
  - Recently underwent surgery
- ✕ If you have a chronic illness, please obtain permission from your physician first.

1. None of the items listed above apply, and I attest that my responses are true and accurate.
2. If I feel a change in my physical condition during the procedure, I will promptly inform staff.
3. I wish to undergo treatment after fully consenting to the pre-check items listed above and, even if I experience any irregular changes in my body during or after the treatment, I affirm that I will not submit formal complaints or hold Olive Spa or its staff responsible.

Address :

TEL :

Date :

Name & Signature :