

Healthcare Provider Release for Pregnancy Massage

To: Healthcare Provider(s)

Re: Release for Pregnancy Massage

Your patient, _____, has requested pregnancy massage therapy. The massage is to be provided by a certified pregnancy massage therapist (certification requires completion of a comprehensive hands on training program as well as completing out-of-class practicum and passing a written exam).

It is our policy to provide pregnancy massage for high risk pregnancies only if the healthcare provider has reviewed this request with the patient. In addition, if the patient that has any high risk considerations, has experienced any healthcare complications or has any contraindicated conditions, we require written release from the patients healthcare provider stating any specific limitations or precautions that you feel to be appropriate.

Please verify your clearance of this request by your signature below. This verification can be modified or withdrawn at any time should your patient's health status change. Thank you for your time and assistance.

Patients healthcare status is:

___ normal ___ high risk ___ complications

Detail:

Specific limitations and precautions:

You may contact me directly for clarification regarding this patient ___ yes ___ no

Healthcare Provider Contact Information:

Name: (please print) _____ Phone: _____

Signature: _____ MD DO Midwife Date: _____

Therapist Contact Information:

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Tree of Life Massage

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