**HEALTH CARE PROVIDER’S RELEASE FOR MASSAGE DURING PREGNANCY**

To: Alyssa Biedrzycki, LMT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (patient’s name) is under my supervision for prenatal health care. Her pregnancy is progressing normally. Therapeutic massage would, in my opinion, be an acceptable form of adjunctive care during her pregnancy. I have listed below any limitations in massage procedures for this patient.

Limitations:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Contact Info:

Phone:

Address:

**PHYSICIAN’S RELEASE FOR THERAPEUTIC MASSAGE/BODYWORK DURING PREGNANCY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_(patient), has requested therapeutic massage and bodywork. These services are provided as adjunctive health care. When an individual’s pregnancy is high risk, or she has experienced complications in her pregnancy, it is our policy to work with her only if her primary physician has reviewed this request. Please verify your clearance of this request by your signature below. Please also list any precautions or limitations, which you feel to be appropriate. Thank you for your assistance.

Alyssa Biedrzycki, LMT

Limitations

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_