

SUNFLOWER

LANE

Therapeutic Massage

203 Hummingbird Road

Morrisdale, PA 16858



Dear Doctor,

Your patient, _____, is a client of Sunflower Lane Therapeutic Massage and has indicated a desire to continue massage therapy during her pregnancy.

Please indicate your permission below and list any contraindications for specific massage protocols. Please return this form directly to me in the enclosed self-addressed stamped envelope.

Respectfully,

Karen Nelson
Certified Massage Therapist

Health Care Provider's Release for Massage during Pregnancy

To: Karen Nelson, CMT, Sunflower Lane Therapeutic Massage

_____ 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 indicated below any limitations in massage procedures for this patient:

Yes No Swedish effleurage – promotes relaxation and overall circulatory stimulation.

Comments: _____

Yes No Swedish petrissage – promotes release of muscle cramps/stiffness; relaxes muscles. Comments: _____

Yes No Trigger point massage – firm pressure applied to specific, targeted muscles. Relaxes and improves blood flow to targeted muscles; does not increase general body circulation. Comments: _____

Signature: _____

Date: _____