

Healthcare Provider Release for Pregnancy Massage Therapy

Your patient, _____, has requested therapeutic massage throughout her pregnancy. These services are not meant to replace appropriate medical prenatal care but to act as an adjunctive form of care. When an individual's pregnancy is high risk, or if she has experienced any condition contraindicating massage, it is my policy to work with her only if her Maternity Healthcare Provider has reviewed this request. Please verify your clearance of this request for therapeutic massage by signing below. Please also list any precautions or limitations which you feel to be appropriate.

Thank you for your assistance,

Elizabeth Belfry, RMT, CIMT
Registered Massage Therapist - Certified Infant Massage Therapist
250.893.1728
MaternityMassageTherapy.com

Precautions or limitations: _____

Signature of Healthcare Provider: _____

Date: _____

Name of Healthcare Provider: _____