**Prenatal Medical Release for Massage Therapy**

Your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has requested clearance for Prenatal Massage Therapy during her pregnancy. It is Holistic Health Services’ policy to work with this client only if her primary healthcare provider/specialist has reviewed this request with her.

In addition, please provide specific limitations or precautions that are contraindicated. Please verify your clearance of this request by your signature below. This verification may be modified or withdrawn at any time should your patient’s health status change.

Thank you for this opportunity to work with you in providing adjunctive care to your patient. Holistic Health Services’ phone number is (949) 766-9974 if you need to speak to me directly.

**List specific limitations or precautions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please allow patient to receive Massage Therapy per my specific instructions above.

Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suffix:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please have patient return to Sherry Weldon in person, OR via scan and email to **info@holistichealthoc.com** OR mail to:

Holistic Health Services

Attn: Sherry Weldon, Owner, Lic Massage Therapist

22691 Lambert St. #507, Lake Forest, CA 92630