

**HEALTH CARE PROVIDER'S
RELEASE FOR MASSAGE THERAPY AND REFLEXOLOGY
DURING PREGNANCY, LABOR AND POSTPARTUM RECOVERY**

To: Perinatal Health LLC;

_____ 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:

Physician signature _____

Date _____

Phone & Address _____

**PHYSICIAN'S RELEASE FOR
THERAPEUTIC MASSAGE/BODYWORK/
REFLEXOLOGY/YOGA
DURING PREGNANCY, LABOR AND POSTPARTUM RECOVERY**

_____ (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.

Limitations _____

Physician signature _____

(date) _____

Address/Phone _____