



Physician's Permission Form

The following patient is requesting a therapeutic massage or bodywork treatment. The patient stated that they have a pre-existing health condition, for which they are actively being treated under your care. Please fill out the following information, so that we may administer therapeutic massage services to this patient. Thank you for your cooperation.

Physician's Name: _____

Physician's Address: _____

Physician's Telephone: (_____) _____

I have been treating this patient since _____ for the following condition(s) _____
Date

There is no reason to believe that massage or bodywork treatments will harm this patient's progress. However, please note that the following considerations/medication warrant special concern:

Should you notice anything unusual or suspicious in the treatment or progress of this patient, please notify my office immediately.

Physician's Signature _____ Date _____