

Healthcare Provider Release for Pediatric Massage Therapy

To: Child's Healthcare Provider(s)

Re: Release for Pediatric Massage Therapy

Your Patient's caregiver, _____, has requested pediatric massage therapy for your patient, _____. This therapy is to be provided by a certified practitioner (certification requires completion of a program of massage therapy or other professional healthcare certification, and an additional comprehensive hands on training program).

It is our policy to provide pediatric massage therapy only if the child's healthcare provider has reviewed this request with the caregiver. In addition, if the child has any high risk considerations, has experienced any healthcare complications or has any contraindicated conditions, we require a written release from the child's healthcare provider stating any specific limitations or precautions that you feel to be appropriate.

Please verify your clearance of this request by your signature below. This verification can be modified or withdrawn at any time should your patient's health status change. Thank you for your time and assistance.

Child's healthcare status is: (please circle one) normal progression high risk complications (detail below)

Specific limitations or precautions:

You may contact me directly for clarification or concerns regarding this patient. Yes / No

Healthcare Provider Contact Information:

Name: (please print) _____ Phone: _____

Signature:

Date:

Practitioner Contact Information:

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