

## Physician's Permission for Massage/Bodywork

Patient's Name \_\_\_\_\_ Physician's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email/Other \_\_\_\_\_

I have been treating this patient since \_\_\_\_\_ (date)

- Massage/Bodywork can affect ALL body systems. Modifications in treatment are commonly made to limit undesired effects depending on patient's condition and tolerances.
- Massage can be beneficial in the treatment of a variety of musculoskeletal and other conditions.
- Massage/bodywork can be beneficial for anxiety and other nervous system disorders and relieving symptoms related to trauma.
- Massage can, also, trigger undesirable physical or behavioral responses.

### Mark ALL that apply.

- This patient is generally healthy and there is no reason to believe massage/bodywork will negatively impact this patient's health.
- This patient does not have an anxiety disorder or does not have difficulty staying in the present and controlling his/her behavior.
- Massage/bodywork is appropriate for this client with the following precautions:  
(conditions, medications, contraindications, etc)

I approve massage/bodywork for this patient.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Note to physician:** Please contact me if you have any questions or concerns.

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