

Referral for Massage/Bodywork

Patient's Name _____

Physician's Name _____

Phone Number _____

Email/other _____

I have been treating this patient since _____ (date)

I am referring him/her for massage/bodywork for the following *conditions/symptoms*:

I prescribe (frequency, duration, treatment, etc--be as specific or general as appropriate)

Massage/Bodywork can affect ALL body systems. Modifications in treatment are commonly made to limit undesired effects depending on patient's condition and tolerances.

Mark ALL that apply.

- This patient is generally healthy and there is no reason to believe massage/bodywork will negatively impact his/her 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 have attached the following: (optional) pages _____

Signature _____ **Date** _____

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

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