To: Maternity Healthcare Providers
Re: Release for Therapeutic Massage During Pregnancy/Postpartum

Your patient, _____, has requested prenatal therapeutic massage. Therapeutic massage during pregnancy is provided as an adjunctive health care by a massage therapist who has been certified in Pre- and Perinatal Massage Therapy (certification requires completion of a comprehensive hands-on training program as well as passing both a written and practical exam).

It is my policy to work with her only if her maternity healthcare provider has reviewed this request with her. In addition, if her pregnancy is high risk, or she has experiences any complications or contraindicated conditions, I require a written release from her 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 This verification can be modified or withdrawn at any time should your patient's health status change. I welcome this opportunity to work with you in providing prenatal care to your patient.

Thank you for your time and assistance.

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Patient's pregnancy is: Normal Progression High Risk

Specific limitations or precautions:

You may contact me directly for clarification or concerns regarding this patient. YES NO

Signature: _____ MD DO Midwife

Date: _____

Please print your name: _____ Office Phone: _____

Thank you for your assistance!!

Kristen Rayner, LMP
(425) 988-4000
Washington License #60088318
Nationally Certified (NCBTMB)
Certified in Pre- & Perinatal Massage
Professional AMTA Member
kristen@coreharmonics.com
www.coreharmonics.com