



**PRIMARY PRENATAL CARE PROVIDER'S RELEASE FOR THERAPEUTIC MASSAGE**

\_\_\_\_\_ (patient's name), has requested therapeutic massage and bodywork during her pregnancy. These services are provided as adjunctive health care by licensed massage therapists who specialize in prenatal and postpartum massage therapy.

When an individual's pregnancy is high risk, or if she has experienced complications or contraindicated conditions in this pregnancy or in a previous pregnancy, it is our policy to work with her only if her primary prenatal care provider (PCP) has reviewed this request and provided medical clearance.

Please verify your clearance of this request by your signature below.

Please also list any precautions or limitations for massage/bodywork which you feel to be appropriate.

Thank you so much for your assistance,

**Rebecca Overson, LMT and Director**

**Salt Lake Prenatal Massage**

**28 E. 2100 South, Suite 118, Salt Lake City, Utah 84115**

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\_\_\_\_\_ (patient's name) is under my supervision for prenatal health care. Her pregnancy is considered low risk / high risk (circle one). Therapeutic massage would, in my opinion, be beneficial during her pregnancy. I have listed below any additional precautions or limitations in massage procedures for this patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PCP signature: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Date: \_\_\_\_\_ Telephone: \_\_\_\_\_