



Release to Engage in Pregnancy or Postpartum Therapeutic Massage, Yoga or Dance

Dear Practitioner,

Your patient, _____, has requested to participate in perinatal therapeutic massage, yoga or dance. It is my policy to work with a pregnant woman only if her maternity healthcare provider has reviewed this request with her. In addition, if her pregnancy is high risk, or she has experienced 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 with your signature below. This can be modified or withdrawn at any time, should your patient's health status change.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. Please feel free to contact me at any point if you have any additional questions or updates on your patient's health.

As a practitioner and teacher, I am a licensed massage therapist and have advanced certification in perinatal massage therapy, and hold specialized training/certifications in perinatal education, yoga and movement.

Thank you for your time and assistance,

Kaeli Sutton, LMT Lic. #MT01079, RPYT

Patient's pregnancy is: ___normal progression ___high-risk
Patient's labor + birth: ___vaginal ___cesarean ___pelvic floor/other injury
Patient's postpartum healing: ___standard ___physical or emotional complications

Specific limitations or precautions:

You may contact me directly for clarification or concerns regarding this patient: ___yes ___no

Signature _____ **OB** **MD** **DO** **Licensed Midwife**

Printed Name _____ **Date** _____

Office phone: _____ **Fax:** _____

Practice Name: _____

Practice Address: _____