MOTION CENTER

111 CHESTNUT STREET | PROVIDENCE, RI 02903

To: Maternity Healthcare Provider
From: Kaeli Abrahams Sutton
RI Licensed and Nationally Certified Massage Therapist
Re: Release for Therapeutic Massage
During Pregnancy/Postpartum

Your patient, _____, has requested pre- or postnatal therapeutic massage. Therapeutic massage during and after pregnancy is provided as adjunctive health care by a massage therapist who has been certified in pre- and postnatal 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 a pregnant or newly postnatal 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 you, 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 This verification can be modified or withdrawn at any time, should your patient's health status change.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. Please feel free to contact me at any point to learn more about my pre- and postnatal massage work, or if you have any questions. Thank you for your time and assistance.

Patient's pregnancy is: ___normal progression ___high-risk

Patient's delivery was: ___vaginal ___C-section

___involved complications_____

Specific limitations or precautions:

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

Signature_____ **MD DO Licensed Midwife**

Printed Name_____ **Date**_____

Office phone:_____ **Fax:**_____

Practice Name: _____

Practice Address: _____