



Within Balance

Massage Therapy Surrounding Birth

To: _____, Perinatal Healthcare Provider

Re: Therapeutic Massage During Pregnancy/Postpartum

Your patient, _____, has requested pregnancy/postpartum therapeutic massage. Therapeutic massage is provided as adjunctive healthcare by a licensed massage therapist. When an individual's pregnancy/postpartum is higher risk, or if they have experienced any complications or contraindicated conditions, it is my policy to work with a client only if their perinatal healthcare provider has reviewed this request with them. In addition, I require a written communication from their healthcare provider stating any specific limitations or precautions that you feel to be appropriate.

Please verify your clearance of massage therapy 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 This verification can be modified or withdrawn at any time should your patient's health status change.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 our respective forms of perinatal care to your patient. Thank you for your time and assistance.

Warm Regards,

Please respond to the areas below:

• Patient's pregnancy/postpartum risk level is: Low Moderate High

• Specific limitations or precautions, please list here: _____

• Position(s) that can be utilized during massage therapy sessions (select all that apply):

Left, sidelying

Prone

Semireclining

Right, sidelying

Supine

Signature of Perinatal Healthcare Provider

Date

Perinatal Healthcare Provider Printed Name

Phone Number

Email Address

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