

KINDLE MESSAGE - RELEASE FORM

I, _____ (care provider), verify that
_____ (client's name) would benefit from
massage therapy.

At this time in her pregnancy, her risk level is:

- Low
- Moderate
- High
- NA: not pregnant at this time

Any specific conditions and contraindications that the massage
therapist should be aware of:

*This release can be changed or cancelled if the client's condition
changes.*

I can be contacted for clarification or review of this client's
condition:

- Yes
at this phone number _____
at this e-mail address _____
- No

Signature _____

Date _____

Printed Name _____

Office Phone _____