

To: Child's Healthcare Provider(s)
Re: Release for Infant Massage Therapy Lessons

Your Patient's caregiver, _____, has requested infant massage therapy lessons for use with your patient, _____.

These lessons are to be provided by a certified infant massage teacher (certification requires completion of a comprehensive hands on training program as well as completing out-of-class practicum and passing a written exam).

It is our policy to provide infant massage therapy lessons only if the child's healthcare provider has reviewed this request with the caregiver. In addition, if the child has any high risk considerations, has experienced any healthcare complications or has any contraindicated conditions, we require a written release from the child's healthcare provider stating any specific limitations or precautions that you feel to be appropriate.

Please verify your clearance of this request by your signature below. This verification can be modified or withdrawn at any time should your patient's health status change. Thank you for your time and assistance.

Child's healthcare status is: (please check one)

- normal progression
 - high risk
 - complications (please explain below)
-
-
-

Specific limitations or precautions:

You may contact me directly for clarification or concerns regarding this patient. **Yes / No**

Healthcare Provider Contact Information:

Name: (please print) _____ Phone: _____

Signature: _____

- MD
- DO
- Midwife

Date: _____

Therapist Contact Information:

ANA KORDIC RMT

Registered Massage Therapist
Certified Pediatric Massage Therapist
Certified Infant Massage Instructor

(647) 233-2569

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