



GP/ Medical Release

Form

GP or Midwife name:

GP Address:

Date:

*Name:

Pregnancy Massage Request

Dear Dr/Midwife

The above name has informed me that you are their GP or Midwife during her pregnancy. As a matter of standard practice, I am writing to you because my client* has requested a Pregnancy Massage and I would like to confirm that you approve this is safe with your medical knowledge of Mother and Baby.

If you could please fill in the below to confirm it would be much appreciated.

Your Faithfully

Louise Green

Currently in her pregnancy, her risk level is (circle one) low / moderate / high

Any specific precautions that the massage therapist should be aware of:

Signed: _____ Date _____



Natural
Beauty