Dear Doctor:

Our clinic offers several vigorous methods of massage including **Swedish massage** (increases circulation and relaxes muscle tension), **Deep Tissue and Tui Na massage** (which use deep friction to release fascial adhesions and encourage tissue remodeling, as well as an increase in circulation), **Shiatsu** and **Thai Massage** (performed on a mat on the floor, using compression, acupressure, vigorous movements, and includes range of motion stretching). We also offer **Reflexology** (a method of treating the body via reflex points on the feet. This method is safe for virtually all clients.) All of these modalities are available at the PCOM Clinic.

While our student interns perform a detailed health intake, consult with supervisors, and work under supervision to ensure skilled treatment planning and client safety, we want to be certain that clients with complex medical conditions and histories have consulted with their physicians to obtain clearance for treatment. While massage can be modified for most conditions, we want to work in an integrative partnership to treat the whole patient.

Please review the form on the back of this page and indicate what techniques you are willing to clear your patient to receive, based on their medical condition.

Sincerely,

Alexander Barry  
Director of Clinical Services

Kiera Nagle, MA, LMT  
Director Asian Holistic Health & Massage Therapy Program
Massage Medical Clearance Form

Patient Name: ____________________________________________
DOB: ___/____/____   Email address: ____________________________
Phone Number: ______________________________________________________________________________

Name of Physician (print/type): __________________________________________
Date: ______________________________________________________________________________________

Signature of Physician: _______________________________________________________________________
Address: _____________________________________________________________________________________
Phone Number: _______________________________________________________________________________

I, the above-signed Physician, give clearance for my patient, named above to receive the following types of Massage Therapy:

☐ Swedish massage    ☐ Thai Massage    ☐ Tui Na
☐ Deep Tissue massage ☐ Shiatsu    ☐ Reflexology

☐ The patient is not cleared for massage at this time.

Reason:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Recommendations/Restrictions:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________