

SALTWATER
STATE COLLEGE
Physician's Release Form

Practitioner/Clinic Name: _____

Patient Information:

Patient Name: _____

Date of Birth: _____

Permission Granted to:

Saltwater State College and its practitioners

Reason for Permission:

___ Does the patient have any pressure restrictions? ie. no deep pressure

___ Does the patient have any positioning requirements?

___ Cannot lie facedown

___ Cannot lie flat on their back

___ Cannot lie on their side

___ Does the patient have any time limitations?

___ 30 minutes massages only

___ No more than 60 minutes of massage

___ Does the patient take any medications that might be contraindicated with essential oils?

___ Peppermint

___ Eucalyptus

___ Tea Tree

___ Orange/Citrus

___ Lavender

___ Rose

___ Other

___ Massage therapy can lower blood pressure. Will the negatively impact the patient?

___ There is no reason to believe that massage or bodywork treatments will harm the patient's treatment.

Permission Granted by:

Physician/Health-care Provider Name: _____

Phone: _____ Fax: _____ Email: _____

Physician Signature: _____ Date: _____

Please note: Should you notice anything unusual or significant during treatment, please notify this office immediately.

This form should be filled out by the Physician then returned to Saltwater State College via email at info@saltwaterstatecollege.com or in person prior to the scheduled appointment.