

70 The Warren
Old Catton
NORWICH
Norfolk NR6 7NN



Date:

GP Practise/Address:

Dear

Pregnancy Massage Request

Client Name:

Date of birth:

The patient named above has informed me that you are their medical care provider during pregnancy. As standard practise I am writing to you as she has requested a massage treatment during her pregnancy. Can you please advise that she is medically fit to receive this treatment? And advise of any specific precautions that the massage therapist should be aware of.

Treatment requested by client : Pregnancy Massage

Doctor/Midwife* comments:

Doctor/Midwife* Signature

Print name

Your co-operation would be most appreciated in this matter. Thank you.

Yours sincerely

KATHRYN KEMP
(*delete as appropriate)