



opencircleRI.com
kaeli@opencircleRI.com
401-338-5466

RELEASE FORM

Release to Engage in Pregnancy or Postpartum Therapeutic Massage, Yoga or Dance

Dear Practitioner,

Your patient, _____ has requested to participate in perinatal therapeutic massage, yoga or dance. It is my policy to work with a pregnant woman only if her maternity healthcare provider has reviewed this request with her. In addition, if her pregnancy is high risk, or she has experienced any complications or contraindicated conditions, I require a written release from her healthcare provider, stating any specific limitations or precautions that you feel to be appropriate.

Please verify your clearance of this request with your signature below. This can be modified or withdrawn at any time, should your patient's health status change. I welcome this opportunity to work with you in providing prenatal care to your patient. Please feel free to contact me at any point if you have any additional questions or updates on your patient's health.

As a practitioner and teacher, I am a licensed massage therapist and have advanced certification in perinatal massage therapy, and hold specialized training/certifications in perinatal education, yoga and movement.

Thank you for your time and assistance,

Kaeli Sutton, LMT Lic. #MT01079, RPYT, CCBE

- Patient's pregnancy is: Normal progression High-risk
Patient's labor + birth: Vaginal Cesarean Pelvic floor/other injury
Patient's postpartum healing: Standard Physical or emotional complications

Specific limitations or precautions:

You may contact me directly for clarification or concerns regarding this patient: Yes No
OB MD DO Licensed Midwife

Printed Name _____

Office ☎ _____ Fax _____

Practice Name: _____

Practice Address _____

Signature _____ Date _____