

# *Attentive Touch*

Your natural alternative to improved  
mental and physical health.

Dawn M. Bell

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## Healthcare Provider Release for Pediatric Massage Therapy (18YRS AND YOUNGER)

To: Child's Healthcare Provider(s)

Re: Release for Pediatric Massage

Your Patient's caregiver, \_\_\_\_\_, has requested pediatric massage therapy for your patient, \_\_\_\_\_. This therapy is to be provided by a certified practitioner.

It is our policy to provide pediatric massage therapy only if the child's healthcare provider has reviewed this request with the caregiver.

Additionally, if the child has any high-risk conditions, has experienced any healthcare complications or has any contraindicated conditions, we require a written release from the child's healthcare provider stating any specific limitations or precautions that you feel to be appropriate.

Please verify your clearance by signing below. This verification can be modified or withdrawn at any time should your patient's health status change. Thank you for your time and assistance.

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Child's healthcare status is:      \_\_\_\_\_ normal progression      \_\_\_\_\_ special considerations (detail below)

Any specific limitations or precautions:

\_\_\_\_\_  
\_\_\_\_\_

You may contact me directly for clarification or concerns regarding this patient:    \_\_\_\_\_ YES    \_\_\_\_\_ NO

Healthcare Provider Contact Information:

NAME: (Please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any question or concerns please contact Dawn M. Bell (LMT, CPMT) at 908-878-9113