



.The Attic Spa
14A Abbeygate
Grimsby
DN31 1JY

Date:

Ref: (Name of client) _____

-Pregnancy massage request

D.O.B:

Dear Dr.

The above name has informed me that you are her General Practitioner or associated care provider during her pregnancy. As a matter of standard practice I am writing because (name of client) _____ would benefit from massage therapy during her pregnancy.

Treatment requested by client

Your co-operation in this matter would be much appreciated.

Yours faithfully

Alison Carr. VTCT – IIHHT

At this time in her pregnancy, her risk level is: (circle one) Low / Medium / High

Any specific precautions that the massage therapist should be aware of: _____

Signed _____

Date _____