



Christal Love, LMT – Medical Massage Therapist

Thrive With Love Wellness

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GA License #: MT011290

Referring Provider Information

Provider Name:	_____
Practice / Clinic:	_____
Phone:	_____
Fax:	_____
Email:	_____

Patient Information

Patient Name:	_____
Date of Birth:	_____
Phone:	_____
Address:	_____
Diagnosis / ICD-10:	_____

Referral Details

■ Initial Evaluation & Treatment	
■ Ongoing Treatment Plan	
Frequency:	_____ sessions per week
Duration:	_____ weeks

Areas of Concern:	_____
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Clinical Goals of Massage Therapy (check all that apply)

<input type="checkbox"/> Pain relief	<input type="checkbox"/> Posture improvement
<input type="checkbox"/> Injury recovery support	<input type="checkbox"/> Stress reduction
<input type="checkbox"/> Increased mobility/flexibility	<input type="checkbox"/> Other: _____

Authorization

Provider Signature:	_____
Date:	_____