

Body By Barb

Medical Clearance for Massage Therapy

This form is used to request a medical provider's written authorization for massage therapy. It is not a prescription for massage, but a professional clearance to ensure treatment is appropriate based on the client's current health status.

Client Name: _____

Date of Birth: _____

Massage Therapist Information:

Therapist Name: _____

Practice Name: _____

Phone: (____) _____

Email: _____

Fax: (____) _____

To Be Completed by Treating Provider

I am the healthcare provider for the above-named client and am being asked to provide a medical clearance for massage therapy services.

- The client is medically cleared to receive massage therapy.
- The client may receive massage therapy with the following **precautions or limitations:** _____

- The client **should not receive massage therapy** at this time due to the following concern(s): _____

Provider Information & Authorization

Provider Name (Print): _____

Clinic Name: _____

Phone: (____) _____

Fax: (____) _____

Signature: _____

Date: _____

Please return this completed form to the massage therapist listed above. Thank you for your time and support in coordinating safe and effective care.

BODY BY BARB LLC

8 WINTER ST. TROY NY 12180 | BODYBYBARBLMT@GMAIL.COM | WWW.BODYBYBARBLMT.COM

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