COCOON
Massage Therapy

Physician/Health-Care Provider's Permission

Practitioner/Clinic Name: _____

Contact Information: _____

Patient Information

Patient Name: _____ Date of Birth: _____

Permission Granted to

Provider Name: _____ Specialty/Type of Treatment: _____

Reason for Permission

There is no reason to believe that massage or bodywork treatments will harm this patient's progress. However, please note the following considerations:

Description of condition:

Possible interactions with medications:

Special instructions:

Permission Granted by

Physician/Health-Care Provider Name: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please note: Should you notice anything unusual or significant during treatment, please notify this office immediately. Otherwise, any update at the conclusion of care would be appreciated.

Eleni Voudouri, LMT
10 South Main St., Suite 211
Attleboro, MA, 02703
508-335-8909