



AROMATHERAPY • SWEDISH MASSAGE • REFLEXOLOGY



Date:

RE: MEDICAL ADVICE FOR TREATMENT

Your patient, ....., wishes to attend for Massage/Aromatherapy/Reflexology.

I understand, however, that they suffer with, or are on medication for.....

.....  
.....

I therefore need to refer to you for medical advice and would be grateful if you could complete the statement below for my records.

I advise that there is no reason why the above patient should not receive this treatment at your Centre.

Additional comments/guidance (if required) .....

.....  
.....

Name.....

Signature.....

Date.....

Yours faithfully,

*R Ewing*

R Ewing  
The Natural Touch Therapies.