

## REQUEST FOR MASSAGE THERAPY TREATMENT

Referred to

Provider Name : SPATHÉNÉE Wellness Center

Provider Address : 1911 S Catalina Ave, Redondo Beach, CA 90277

I, \_\_\_\_\_ (patient's name) request a referral note from my doctor or chiropractor to receive massage therapy from a licensed or certified massage therapist because according to the California Massage Therapy Council, medical massage is considered an essential service.

“According to communications from the County of Los Angeles Public Health (CDPH), Essential Services Inquiries: “Medical massage (massage done base on a referral from a doctor or chiropractor) is permitted indoors at this time. Therapeutic massage is not permitted indoors in counties on the monitoring list for three consecutive days where personal services are not permitted.” Additionally, the State further clarified this statement by stating that: ‘Medical massage (based on a Refferal from a doctor or chiropractor) is permitted indoors, even if the county is on the monitoring list,’ and that ‘medical massage is considered an essential

I, the patient, am requesting access to medical massage because I recognize the benefits fo this natural form of pain management as it relates to my specific health needs.

I, the patient, have consulted both my doctor/chiropractor and my massage therapist of preexisting conditions and understand that I may not receive bodywork if it is contraindicated.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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I, \_\_\_\_\_ (doctor/chiropractor's name) am referring the aforementioned patient to receive medical massage from a licensed or certified massage therapist.

Additional notes regarding the patient's health:

Doctor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_