East Windsor, NJ 08520
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Physician Approval Form

Dear _____

My name is Jessica Meirs, LMT, CMLDT. Your patient _____ has expressed interest in receiving massage therapy and bodywork from me during the course of her/his cancer treatment.

The session will be specifically adapted to the needs of the patient. When planning the session design, the massage practitioner will honor, among other medical issues, the following:

- Sites affected by surgery, radiation, IV's, skin conditions, pain, edema or bone involvement **(The therapist will avoid strong pressure on these sites. If there has been any lymph node dissection or radiation of lymph nodes with risk of lymphedema therapist will not use pressure on the distal extremity or trunk quadrant and, if needed, the limb will be elevated during the massage)**.
- Low platelet levels; easy bruising **(The massage therapist will use gentle skin contact instead of pressure)**.
- Side-effects of treatments including chemotherapy and radiation therapy **(The therapist will work gently overall in order to avoid aggravating fatigue, nausea, skin changes etc., and will adapt other elements of the session to any presenting side-effects)**.
- Any risk of deep vein thrombosis, secondary to malignancy, inactivity or cancer treatment **(The massage therapist will avoid use of pressure on the lower extremities if there is any risk of thrombosis in these areas)**.

Strict massage therapy guidelines, including appropriate contraindications and precautions, are followed and reinforced throughout the massage sessions.

_____ (print name of patient) has permission to receive massage and bodywork as described with the following limitations:

Site Restrictions: _____
Pressure restrictions: _____
Position Restrictions: _____

Any additional concerns I have are described below:
_____
_____
_____

_____ _____
Physician's Signature Date

_____ Physician's Phone: _____
Print Physician's Name Physician's Email: _____