

Physician/Healthcare Provider's Referral for Massage Therapy

Thank you for trusting Gaia Massage to care for your patient.

Filling out this form makes their massage therapy free from sales tax because they are seeking massage therapy for a medical reason. Please fill out the information in the gray box, the white box is optional if you would like to provide additional information.

Patient Information (required)

Patient Name: _____

Patient Date of Birth: _____

Reason for Referral (required)

Is the referral for medically necessary treatment? Yes No

Referral valid through: 12 months December 31, 2024 Other: (date required) _____

Provider Information (required)

Physician/Healthcare Provider Name: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

Reason for Referral (optional):


Description of condition:

Possible precautions due to condition:

Possible interactions with medications:

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Gaia Massage, LLC

PRENATAL • POSTPARTUM • CHRONIC PAIN