

# Physician/Healthcare Provider's Referral for Massage Therapy

Thank you for trusting Gaia Massage to care for you 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, 2023  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**

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