Medical approval form  
Massage - Wellington

***For completion by your oncologist or GP***

The Cancer Society offers a massage service for people with a cancer diagnosis. This service is provided by a trained massage therapist.

Medical approval is sought before patients may receive a massage as part of this massage programme. You are asked to please complete and sign the form below to approve our client’s participation.

If you require any additional information about the massage service phone Cancer Society Wellington on 0800 226 237

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Oncologist or GP)* give approval | | | | | | | |
| for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to undertake massage, they have no medical condition that would exclude them from this therapy. | | | | | | | |
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| Are there any specific limitations or instructions? | | | | | 🞏 Yes | | 🞏 No |
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| If yes, please specify: | |  | | | | | |
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| **Signed:** |  | | | **Date:** | |  | |