



To whom it may concern:

Your patient _____ would like to participate in services at Bliss Integrated Bodywork, an integrative wellness studio that provides a variety of wellness-related services. Pilates and Movement Training includes full body exercises in multiple ranges of motion including flexion, extension, lateral flexion, extension, and twisting using body weight, spring resistance, and small props. Therapeutic Massage and Bodywork Treatments range from modalities utilizing light touch to deep tissue techniques.

Based on their medical history, we would like to request medical clearance for participation in our studio services. Please note any contraindications, restrictions, or modifications needed to support this client below, and attach additional notes or pages as needed.

Once completed, please have your patient return this form to us, or it may be sent to us via email to the address below. If you have any further questions please feel free to contact our studio directly.

Thank you,

Emily Bliss McLemore, LMT

Studio Owner, Integrative Massage Therapist, Pilates and Movement Teacher

hello@blissintegratedbodywork.com

865-888-0242

Please check one of the following:

- Not cleared for services at this time
- Cleared for all services with the studio
- Cleared with the following restrictions _____

Physician's Name _____ Phone number _____

Physician's Signature _____ Date ____ / ____ / ____