WHOLISTIC HEALING EXPERIENCES

Myoskeletal Alignment Techniques • Therapeutic Massage • Massage Cupping
VoxxLife™ Wearable Neurotechnology • I.A.S.T.M. • Kinesiology Taping

Prescription / Referral for Massage Therapy

Regarding Patient:_____ **DOB** _____

Medically Necessary Treatment: Implement Plan as Prescribed Below

Physician's Diagnosis of Patient:

- ☐ Cervicalgia
- ☐ Jaw- TMJD
- ☐ Cervical Whiplash
- ☐ Cervical Sprain/Strain
- ☐ Cervical Pain
- ☐ Shoulder Sprain/ Strain
- ☐ Shoulder Pain
- ☐ Thoracic Sprain/Strain
- ☐ Lumbar Sprain/Strain
- ☐ Sacral Sprain/Strain
- ☐ Pelvis (unspecified site) Sprain/Strain
- ☐ SI Dysfunction
- ☐ Migraines
- ☐ Brachial neuritis/radiculitis
- ☐ Knee or Leg Strain/Sprain
- ☐ Ankle Sprain/Strain R L
- ☐ Foot Sprain/Strain R L
- ☐ Plantar Fasciitis
- ☐ Fibromyalgia
- ☐ Morton's Neuroma R L
- ☐ Sciatica
- ☐ Muscle Spasms
- ☐ Other _____

Treatment Goals

- ☐ Decrease Pain
- ☐ Decrease Inflammation
- ☐ Decrease Muscle Tension / Spasms
- ☐ Decrease Compensatory Patterns
- ☐ Increase Mobility
- ☐ Increase Strength
- ☐ Restore Function
- ☐ Restore Posture
- ☐ Patient Education
- ☐ All of the Above

Circle Options Below

30 60 90 MINUTES 1x 2x 3x per WEEK # of Weeks: 1 2 3 4 5 6 7 8

Referring Health Care Provider: (Complete or Stamp the back of this paper)

Name:_____Phone:_____

Address:_____ City:_____State:____Zip: _____

HCP Signature:_____Date _____

Reporting: We will send an initial report after the first visit and progress report after every 6-8 sessions.

Please check how you would like to receive this info: ☐ MAIL
☐ FAX _____
☐ EMAIL _____

Dawn Ramsden, LMT
Licensed Massage Therapist CO#18933
NPI# 1124489273
(719) 325 – 6359 Phone
(719) 631 – 0735 Fax

Wholistic Healing Experiences
7608 N Union Blvd, Suite F
Colorado Springs CO 80920
www.wholistichealingexperiences.com

MOVE BETTER, FEEL BETTER, LIVE BETTER.