# Consent & provider-referral form

**Bourne Bodyworks** · 818 Industry Place, Carbondale, CO 81623 · (970) 355-8790 · hello@bournebodyworks.com

## Client information

**Client name**

_____

**Date of birth**

_____

**Phone**

_____

**Email**

_____

**Today’s date**

_____

## Provider to coordinate with

**Provider name**

_____

**Role (MD, DO, PT, etc.)**

_____

**Clinic / practice**

_____

**Provider phone**

_____

**Provider fax / email**

_____

# Authorization to exchange information

I authorize Bourne Bodyworks and the provider named above to exchange information relevant to my massage therapy and my care—including my goals, the areas and techniques being worked, my response to treatment, and any precautions, restrictions, or instructions from my provider.

I understand that: this authorization is voluntary and is **not** required to receive massage therapy; massage therapy is not a substitute for medical care; Bourne Bodyworks does not diagnose or treat medical conditions; and I may withdraw this authorization at any time in writing — email to hello@bournebodyworks.com is sufficient — except where information has already been shared in reliance on it. Unless I revoke it sooner, this authorization expires **twelve (12) months** from the date signed. Information shared with the provider named above may be re-disclosed by them and is then no longer covered by this authorization. I am entitled to a copy of this signed form.

Information may be shared by: □ phone □ secure email/fax □ written summary

**Limits, if any, on what may be shared (optional)**

_____

**Client signature** _____ **Date** _____

**Expires on (12 months from signing)**

_____

## If the client is under 18

**Parent / guardian signature** _____ **Printed name** _____

**Relationship to client**

_____

## Focus & precautions

**Areas / goals to focus on**

**Areas / techniques to avoid**

**Current medications & relevant conditions**

## Provider section (optional—to be completed by the physician or PT)

**Relevant diagnosis, precautions, or restrictions**

**Provider signature**

**Date**

*Note for the practice owner: this is general template language for demonstration only. Before using it with clients, have it reviewed by a qualified attorney or compliance professional to ensure it meets your state's consent, privacy, and scope-of-practice requirements.*