

Physician Consent Form

Naturally Optimal – Medical Nutrition, Massage, & Bodywork
Registered Dietitian & Massage Therapist - Alise Dobrot, MS, RDN, LDN, LMT, BCTMB
778 Lois Drive, Sun Prairie, WI 53590
608.658.5027

Physician Information			
<input type="checkbox"/> Dr. or allied professional	Name:	Consent Date:	
Street address:			
City:	State:	ZIP Code:	Occupation:
Phone no.: ()			Email:
Permission & Medical Information			
Client Name		Date Onset of Condition(s)	
I have been seeing this patient for the following condition(s):			
Nutrition Consent			
<input type="checkbox"/>	Yes, dietetics and nutrition therapy is acceptable to support my patient's overall health or to help manage current condition(s). Please considerations or medications/supplements that warrant special concern:		
<input type="checkbox"/>	No, dietetic or nutrition therapy is advised at this time		
Bodywork Consent			
<input type="checkbox"/>	Yes, bodywork is acceptable at this time and there is reason to believe that massage or bodywork treatments will harm this patient's progress		
<input type="checkbox"/>	Yes, bodywork is acceptable. Please note any considerations/medications that warrant special concern or please refrain from massage to the following areas:		
<input type="checkbox"/>	No, bodywork is not advised at this time		
Physician's Signature			