

Physician Consent Form

Naturally Optimal – Medical Nutrition, Massage, & Bodywork
Registered Dietitian & Massage Therapist - Alise Dobrot, MS, RDN, LDN, LMT, BCTMB, IFNCP
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)
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I have been seeing this patient for the following condition(s):

Nutrition Consent

- Yes, dietetics/nutrition therapy is acceptable to support my patient's overall health or to help manage current condition(s). Please consider the following information (e.g. conditions/medications/supplements) that warrant special concern:
- No, dietetic or nutrition therapy is advised at this time.

Medical Massage Consent

- Yes, medical massage is acceptable. Please consider the following information (e.g. conditions/medications) that warrant special concern or please refrain from massage to the following areas:
- No, bodywork is not advised at this time.

Physician's Signature