

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
 Phone: 608.658.5027 Fax: 608.820.2403

Physician Information			
<input type="checkbox"/> Dr. or allied professional	Name:	Consent Date:	
Street address:			
City:	State:	ZIP Code:	Occupation:
Phone no.: ()			Email:
Consent & 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/nutrition therapy is acceptable to support my patient's overall health or to help manage current condition(s). Please be aware of the following information (e.g. conditions/medications/supplements) that warrant your attention:		
<input type="checkbox"/>	No dietetic or nutrition therapy is advised at this time.		
Medical Massage Consent			
<input type="checkbox"/>	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:		
<input type="checkbox"/>	No bodywork is advised at this time.		
Physician's or Allied Health Signature			