

Touch of Asia  
20 Pidgeon Hill Drive  
Suite 103  
Sterling, VA 20165  
(703) 430-8660

**Patient Referral for Massage Treatments**

Patient Name: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Primary Issue: \_\_\_\_\_ Secondary Issue: \_\_\_\_\_

**FOCUS Areas:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> neck _____       | <input type="checkbox"/> arms _____    | <input type="checkbox"/> legs _____   |
| <input type="checkbox"/> shoulders _____  | <input type="checkbox"/> hands _____   | <input type="checkbox"/> thighs _____ |
| <input type="checkbox"/> upper back _____ | <input type="checkbox"/> chest _____   | <input type="checkbox"/> calf _____   |
| <input type="checkbox"/> mid-back _____   | <input type="checkbox"/> abdomen _____ | <input type="checkbox"/> feet _____   |
| <input type="checkbox"/> low-back _____   | <input type="checkbox"/> hips _____    | <input type="checkbox"/> other: _____ |

**I recommend that this patient schedule for**

TM – Traditional Thai massage 60 / 90 / 120 minutes  
(muscle strengthening, stretching, improve flexibility, body alignment)

RTM – Royal Thai Herbal massage 90 / 120 minutes  
(heated compresses for muscle strengthening, stretching, improve flexibility, increase circulation)

HS – Healing Stone Massage 60 / 90 minutes  
(heated stones and lotions for muscle strengthening, stretching, reduce inflammation, increase circulation)

EW – East West Massage 60 / 90 minutes  
(muscular stretching combined with lotions to improve muscle strength, flexibility, increase circulation)

REW – Royal East West Massage 60 / 90 minutes  
(heated compresses for muscle strengthening, stretching, improve flexibility, increase circulation)

FM – Foot Massage 30 / 60 minutes  
(lower leg/foot muscle strengthening, stretching, reduce inflammation, increase circulation)

**every 1 / 2 / 3 / 4 weeks for the next 1 / 2 / 3 / 4 / 5 / 6 months.**

**Doctor CONCERNS::**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> degenerative disc _____ | <input type="checkbox"/> lumbar extension _____ | <input type="checkbox"/> spinal twist _____ |
| <input type="checkbox"/> forward bend _____      | <input type="checkbox"/> sciatica _____         |   |

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_