



## Client Record Request Form

[Name of Registered Massage Therapist (RMT)]

[Address and contact information of RMT]

I, \_\_\_\_\_ [Client's Name],  
am seeking a copy of my medical file, which is being held by [Registered  
Massage Therapist]. I hereby request that [Registered Massage Therapist]  
provide copies of the file's contents understanding there may be a charge to  
copy the information on file and/or to mail or courier the information to me.

My preference to receive this information is by:

Pick up from RMT's location: [specify address]

Couriered or mailed to the following address: \_\_\_\_\_

\_\_\_\_\_

Electronically to: \_\_\_\_\_

Transfer to the new location/referral: \_\_\_\_\_

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date