MASSAGE THERAPY INFORMED CONSENT

Please read the following information and sign where indicated.

I understand that massage therapy is intended to enhance relaxation, to reduce pain that may be caused by muscular tension or structural imbalance, to increase range of motion, to improve circulation and to provide a positive experience of touch.

I understand that massage therapy is not a substitute for medical diagnosis and treatment, and it is recommended that I consult with my primary caregiver for any medical condition I have.

I agree to provide complete and accurate health information about all known physical and medical conditions and medications. I will keep my massage therapist informed of any changes in the future. I understand that there will be no liability on the part of the therapist due to omissions or withholding of pertinent information.

If at any time during the session, I am uncomfortable or uneasy with the procedures being administered and/or if I experience pain, I agree to immediately inform the therapist, so that treatment may be adjusted.

I agree to the following additional rules on each visit:

Before treatment:

Please plan to arrive at the scheduled time (rather then early or late); this ensures that the therapist will be adequately prepared for you; and that you receive the full time allotted for your visit. Session will begin at the scheduled time and ends at the specified time.

Tell the therapist about any changes to your health since your last visit.

Discuss with the therapist (as desired) what is important to you today, and any situations, conditions or areas of your body that may require special attention.

And throughout your treatment:

Please ask questions about techniques or procedures. Your therapist is happy to keep you informed and comfortable.

Always inform therapist in the moment of any pain or discomfort you are experiencing.

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NAME: _____ DATE: _____
(please print)

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN
SIGNATURE: _____ DATE: _____
(please print)