

CHRISTINE A. RUPPERT, CNMT, LMT / (301-231-8695)

MASSAGE THERAPY INFORMED CONSENT

Before treatment:

Please plan to arrive at the scheduled time (rather than 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.

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.

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.



NAME: _____ DATE: _____
(please print)

SIGNATURE: _____ DATE: _____

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INFORMED CONSENT - ADDENDUM

New COVID-19 Guidelines:

I understand that close contact with people increases the risk of infection from COVID-19. I acknowledge that I am aware of the risks involved and give consent to receive massage from this practitioner.

I understand that if anyone at this office (client or therapist) has been exposed to or tested positive for COVID-19 that client will be informed immediately.

I understand that my name and contact information might be shared with the state health department in the event that a client or the therapist at this facility tests positive for COVID-19. My contact details will be shared only if they are relevant based on suspected exposure date and only for appropriate follow-up by the health department.



NAME: _____ DATE: _____
(please print)

SIGNATURE: _____ DATE: _____