



MASSAGE THERAPY INFORMED CONSENT & RIGHT OF REFUSAL

Client's Name: _____ Date: _____

I understand that (please read and initial)

___ Massage Therapy or Bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment of an illness. I take responsibility for consulting with my physician for an ailment or condition of concern to me.

___ Massage Therapy/Bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that anything said in the course of the session should not be construed as such.

___ I understand that my feedback is an essential element in my treatment.

___ In a professional, therapeutic relationship, inappropriate words or advances by or between therapist or client is never appropriate and may terminate massage/therapeutic relationship.

___ I understand draping **will always be used**; preferred method is to be covered at all times, meaning only the body parts being massaged will be exposed (no exceptions). In some cases, such as stretching and movement exercise, you will be asked to wear shorts or workout clothes. Your modesty will be honored at all times.

___ I acknowledge that if I am unable to keep a scheduled appointment, **24 hours' notice is required** or I may be **charged** for the reserved time.

___ I understand that if I am late for my appointment the amount of time may be shortened and I may be charged for the full time reserved.

___ The massage/bodywork treatment I am requesting has been discussed and agreed upon between myself and my therapist.

___ If I experience any pain or discomfort during the massage/bodywork session, I will immediately communicate that to the therapist so that treatment can be adjusted accordingly.

___ Both the massage therapist and I have the right to terminate the Massage Therapy/Bodywork session and/or therapeutic relationship at any time for any reason.

___ I have read and understood this consent form in its entirety. If at any time there are changes in the information given or in my condition, I will notify the therapist and update this form before receiving additional massages. I have stated all of my known medical conditions and have answered all questions honestly on the intake form.

By my signature, I consent to receive massage therapy.

Client's Signature

Date

Massage Therapist's Signature

Date