



Massage Therapy Consent

I understand that the massage therapy given to me is for the purpose of general health and wellness, relaxation, improved circulation, pain management, and other effects supported by experience and research. Massage therapy is performed here within the scope of the practice of a massage therapist in this state.

I understand that massage therapists do not diagnose medical conditions, nor do they prescribe medical treatments or medications, nor do they perform spinal manipulation or chiropractic adjustments.

I understand that massage therapy is not a substitute for examination by a medical provider, and that it is recommended that I seek medical attention for any illness, injury, or disorder that I might have.

I understand that massage therapy can be a valuable complement to health care provided by medical doctors, chiropractic physicians, and naturopathic physicians, practitioners of traditional Chinese medicine, and psychiatrists and psychologists. I agree to keep my massage therapist informed of any medical treatment I am receiving with the understanding that it may impact the massage therapy I receive.

I have stated all my known medical conditions, treatments, and medications, and I agree to keep the massage therapist updated on any changes.

My signature below confirms my agreement to the general policies, privacy policy, and consent statements above.

BY SIGNING BELOW, I ACKNOWLEDGE AND CERTIFY THAT I, _____, HAVE READ AND UNDERSTAND THE "CONSENT, RELEASE AND INDEMNITY AGREEMENT" FOR THIS PROCEDURE, AND THAT I AM SIGNING IT VOLUNTARILY.

PLEASE SIGN YOUR FULL NAME BELOW IF YOU AGREE.

Patient Signature & Date