

Informed Consent to Massage Therapy

Please read the following and check each paragraph if you have understood the statements.

- The purpose of treatment is to develop, maintain, rehabilitate and/or augment physical function to prevent physical dysfunction and pain and to enhance your well being.
- Massage therapy is the assessment of soft tissues and joints of the body and their treatment by means of soft tissue manipulation, hydrotherapy, remedial exercise programs, and self-care programs.
- We require a General Health History from you to formulate a treatment plan. This includes desired health outcome, frequency of treatment, type of treatment, alternate courses of treatment, and client self-care programs.
- Your records are confidential. We require written authorization from you prior to any release of information.
- Areas of the body to be treated will be discussed prior to treatment. If breast massage is indicated, the Massage Therapist will explain the reasons for this treatment and written consent will be required.
- All areas of the body will remain draped (covered) except for the area being worked on.
- You have the right to refuse, modify, or terminate treatment at anytime.
- You have the right to inspect the clinic prior to treatment.
- You have been informed payment is due to at the time of treatment.
- You have been informed of the 24 hour cancellation policy.
- You have read the above informed consent and feel that you can make an informed choice to give consent to registered massage therapy.

To be completed by the patient:

Print Name

Signature of Patient

Witness