



Informed Consent for Massage Therapy

To the patient: Please read this entire document prior to signing it. It is important that you understand the information contained in the document. Please ask questions before you sign if there is anything that is unclear. By signing, **you agree to the following:**

I voluntarily request and consent to receiving massage therapy.

I understand that the massage service offered is for the purpose of general wellness, stress reduction, and relief of muscular tension only.

I do not have any injuries or conditions that prevent me from receiving massage therapy. I understand the importance of informing my massage therapist of all medical conditions and medications that I am taking, and that there may be additional risks based on my physical condition.

If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure or techniques used can be adjusted to my comfort level. I will not hold my massage therapist responsible for any pain or discomfort I experience during or after the session.

I understand the risks associated with massage therapy include, but are not limited to:

- Superficial bruising
- Short-term muscle soreness
- Exacerbation of an undiscovered injury

I have not received a positive test for Coronavirus within the past 14 days, and currently have no symptoms.

I do not have any contagious conditions that may put my massage therapist or other clients at risk.

I understand that I or the massage therapist may terminate the session at any time.

I have been given the opportunity to ask questions about massage therapy and my questions have been answered.

I have been advised of the policies and procedures pertaining to massage and I understand these policies. Information regarding massage in general, benefits, contraindications of massage, and possible alternative therapies have been explained to me. I further understand that massage therapy is not a substitute for a medical examination or treatment, and that I should see a physician or other qualified health specialist for any mental or physical ailment of which I am aware. I understand that massage therapists do not diagnose illness or disease, and nothing said during the massage should be construed as such.

Any questions I have regarding these procedures have been answered to my satisfaction **prior to signing this consent form**. My consent is informed and voluntary and I understand that I may withdraw my consent at any time except for actions already taken. I hereby affix my signature to authorize treatment.

Patient Signature _____ Date _____

Print Name _____