

Massage Therapy Consent Form

Patient Name _____ **Date** _____

___ Check here if minor or unable to provide consent.

I understand the massage/bodywork I receive today is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure or strokes may be adjusted to my comfort level. I further understand that massage or bodywork should not be construed as a substitute for medical examinations, diagnosis or treatment, and that I should seek a physician, chiropractor or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that a massage therapist is not qualified to perform spinal or skeletal adjustments.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the therapist updated should my medical profile change. I further understand that there shall be no liability on the practitioner's part.

It is further understood that any elicit or sexually suggestive remarks or advances made by patients will result in the immediate termination of the session, and patient will be liable for payment of the scheduled appointment.

By signing below, I confirm this consent form has been explained to me in terms in which I understand.

Patient Signature (Witness) _____

Minor's Representative (Witness) _____

Consent for treatment of a minor: By signing on the above line, I hereby authorize the massage therapist to administer massage, bodywork on my child or dependent as they deem necessary.