

INFORMED CONSENT FOR MASSAGE

I, _____, am voluntarily wishing to experience a session(s) of therapeutic massage (or other modality (please specify) _____) by _____.

I understand that massage therapists do not diagnose illness, prescribe medications or make spinal adjustments. I further understand that massage is not a substitute for medical care or treatment.

I have alerted my therapist to any conditions I have which may affect the work and have disclosed all medications (herbal or pharmaceutical) that I am currently taking. I further agree to update my practitioner to any changes in my mental, emotional or physical health.

I am seeking therapeutic massage of my own accord for the purposes that massage is intended. Such purposes include but are not limited to relaxation, mental wellness, relief of tension of sore muscles, improved circulation and/or improved range of motion.

I understand and have had explained to me the procedure, benefits and contraindications for massage and the side-effects which may occur as a result of massage.

Please check one of the following boxes:

- ☐ I am not working for or connected with any massage board, advisory board or licensing agency.
- ☐ I do have an affiliation to a licensing agency, massage or advisory board; and I have listed my associations below and the reason(s) I am seeking massage:

Signature: _____

Date: _____