Massage Therapy

Informed Consent Form

This record of consent is required before the first assessment or treatment and will be maintained confidentially in the client's file. It may only be released to a third party with prior written consent of the client.

Massage Therapy includes the assessment and treatment of the soft tissues and joints of the body. Soft tissue manipulation, joint mobilization, hydrotherapy, remedial exercises, and self-care programs will be used and recommended, as determined by the therapist.

By signing below, the client agrees to the following:

- Written consent must be given by me prior to any disclosure or sharing of my personal and clinical information with any third party.
- Privacy will be assured as I have the right to undress only to my comfort level and according to the requirements of the treatment.
- Draping will be used by the therapist as required to expose only those parts of my body that require treatment and/or as I choose to ensure my comfort during treatment.
- During treatment, the therapist will endeavor to work such that a pain level of 6-7 is not exceeded, based on a pain scale of 1-10.
- If at any time during the treatment, I feel uncomfortable with the treatment for any reason, I have the right to request an immediate stop to the session or request modifications to the treatment, regardless of prior consent given.
- Promptness is expected for all appointments. In the even of lateness, the massage may be cut short due to other commitments of the therapist. Fees will be maintained per the schedule.
- Cancellation of any appointments must be received at least 24 hr in advance for NO charge.
  - Less than 24 hr notice, 50% of service price will be charged.
  - No call/ No show for any appointments, will be charged FULL price of service.
  - Fees for treatment are due prior to departure on the day of the treatment.
- The therapist may refuse to treat any client or part of their body with just and reasonable cause.

I, _____ (PRINT NAME), have read and understood the information above and consent to the massage treatment for the condition discussed with my therapist today.

Client Signature: _____ Date:_____