

Massage Therapy Informed Consent

I, _____, (client) understand that massage therapy provided by, Catherine Allis, (massage practitioner) is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage therapy are specified below:

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage practitioner does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage practitioner of all my known physical conditions, medical conditions and medications.

Patient/Guardian Signature

Date

Physical Conditions

Medical Conditions

Medications
