

Client information for Therapeutic Massage

Name _____

Consent for Therapeutic Massage

I understand that the purpose of the massage/bodywork is stress reduction, relief from muscular tension, spasms, pain, to improve circulation, and to enhance one's sense of well being. If I experience any pain, discomfort, or I prefer a change in the method being used, I will immediately inform the massage/bodywork practitioner so the pressure or methods can be adjusted to my comfort level.

I understand that massage/bodywork practitioners do not diagnose illness or disease, perform spinal manipulation, or prescribe medical examination, diagnosis, or treatment.

I understand that massage/bodywork should **NOT** be performed under certain medical circumstances, and I agree to keep the massage practitioner updated as to any changes in my health status. I release the massage professional from any liability should I fail to do so.

I understand that the massage/bodywork practitioner provides massage/bodywork services for a fee posted. The time involved will be documented for the, and all forms and charting will be kept confidential. I release the massage/bodywork practitioner from any liability.

Client Signature _____ **Date** _____