



INFORMED MESSAGE CONSENT FORM

Name: _____

Date: _____

Massage Therapy

Massage Therapy is the manipulation of soft tissue and joints to enhance tissue healing, prevent soft tissue and joint dysfunction, rehabilitate or augment physical function, and relieve pain. All massage treatment may or may not include the application of any hydrotherapy modalities, (hot pack, cold pack, etc.) incorporation of stretching / strengthening exercises, the recommendation of an exercise program, cranial sacral techniques, visceral work, joint mobilization Grad 1-4 and myofascial release.

Informed Consent to Massage Therapy

I understand and am informed that in the practice of **massage therapy** there are some risks to treatment, including, but not limited to, delayed musculoskeletal soreness, bruising, inflammation, pain, decreased range of motion, changes in blood pressure, and the exacerbation of symptoms related to afore-treated condition. In extremely rare cases, there may be a risk of heart attack, stroke, pulmonary embolism, or thrombosis.

I do not expect the massage therapist to be able to anticipate and explain all possible risks and complications. I wish to rely on the massage therapist to exercise judgment during the course of the treatment, which the therapist feels at the time, based upon the facts then known, is in my best interests. I understand that the results are not guaranteed.

INITIALS _____

Privacy Policy

Our privacy policy is in accordance with the Personal Information Protection and Electronic Documents Act. Detailed copies of our privacy policy can be made available upon request.

Cancellation Policy

If you are unable to keep your scheduled appointment and 24 hours notice is not provided, you are responsible for the full fee of your visit.

INITIALS _____

Patient Signature

I (please print name), _____, have read the above and understand that I am personally responsible for all services rendered. By signing below I agree to all fees above and any additional fees that may apply to the purchase of products or adjunctive therapeutic devices. Increases in fees may apply at the beginning of each new calendar year.

SIGNATURE (guardian if under 18)

DATE