



MESSAGE THERAPY CLIENT CONSENT FORM

In keeping with the Health Care Consent Act, it is my choice to receive massage therapy. I understand that an assessment is required from time to time to determine suitable treatment for me. The treatment can be interrupted at times in order to facilitate communication and for the massage therapist to obtain feedback from me. I also understand that the information I provided is confidential and it shall not be released without my permission. I am aware that the information I provided can be used in a teaching atmosphere with my identity kept confidential.

I am aware that the time slot reserved for my massage includes times for interviewing, assessment, the actual massage treatment, any involving additional therapy, case follow-up, remedial exercises, dressing and changing clothing as required. I am aware that it is not necessary to remove all articles of clothing for treatment and that I can decide to remove only the clothing which makes me feel comfortable. I will give consent to the massage therapist to treat only those body parts for which I give permission. I agree to communicate with the massage therapist at any time that I feel my well being is compromised. I am aware that I may terminate the treatment at any point during the massage, at my discretion and without reasons. I am aware that I may experience possible side effects from the massage treatment, such as: temporary discomfort within the muscle (24-48 hours post treatment), bruising, headache, and dizziness.

I am aware that the massage therapist and the clinic which provide massage therapy service is not responsible for any lost, stolen or damaged articles.

I have read through and agreed to the above conditions. I also have had the chance to have all of my questions answered before agreeing to and receiving massage therapy treatments.

Client signature

Name

Date