

CONSENT FOR THERAPY

I understand that:

- 1. The relationship between the therapist and the client is a confidential one and that all information provided to the therapist is to be kept confidential.**
- 2. My body will be properly draped at all times for comfort, security, and warmth.**
- 3. I understand that I will be draped during treatment in accordance with state laws and that I may request additional draping if desired.**
- 4. The massage is solely for the purpose of therapeutic massage and that the massage therapist also has the right to be free from any unwanted, harmful, offensive, and/or physical contact or behavior, also any, sexual misconduct, and inappropriate use of language used by any client during the session.**
- 5. I understand that massage is contraindicated for some medical conditions, and that it may be necessary to obtain a physician's clearance, release, or prescription before beginning treatment.**
- 6. I will immediately inform the therapist of any discomfort, so that the application of pressure or strokes may be adjusted to my level of comfort.**
- 7. I have the right to request and require that any procedure or technique be modified, changed, stopped, or simply not performed.**
- 8. The information given is accurate and I agree to update the therapist of health changes at future appointments as appropriate.**
- 9. I understand that massage therapy should not be construed as a substitute for medical examination, diagnosis, and treatment, and that I should see a medical or chiropractic physician or other health care specialist to address concerns that are outside the scope of a massage therapist.**
- 10. During future sessions, I agree to update the therapist in regard to changes in my health and medical history and understand that there shall be no liability on the therapist's part if I should neglect to do so.**
- 11. The benefits of massage and discomfort that I may feel have been explained.**
- 12. That therapeutic massage is ancillary treatment, not primary medical treatment.**
- 13. The therapist is state-registered and Licensed.**
- 14. By signing this form, I also give consent for future sessions. I have read this form and hereby freely give my permission to be massaged.**

Print Name

Client's Signature

Date

Therapist's Signature