

massage therapy informed consent



I, (Client's Name) _____ have chosen to consult with and hereby give consent for massage therapy to be provided by (Therapist's name) _____ who I understand is a member of the Association of Massage Therapists Ltd (AMT).

I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned.

I understand that massage may provide benefits for certain conditions but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction in the symptoms of stress-related conditions and provision of general wellbeing.

I also understand that massage therapy may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.

I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.

The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs.

I will tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.

Client Signature (or Guardian's): _____

Therapist's Signature: _____

Dated this _____

day of _____

20 _____

Privacy Policy

This practice is committed to the privacy of its clients. Personal information is treated as confidential and is used only for the purpose for which it was collected.

Information kept on file will not be released to a third party without the express consent of the client or as required by law.