**MASSAGE THERAPY INFORMED CONSENT & RIGHT OF REFUSAL**

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that (please read and initial):

\_\_\_\_\_ Massage therapy or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment of an illness. I take responsibility for consulting with my physician for an ailment or condition of concern to me.

\_\_\_\_\_ Massage therapy/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that anything said in the course of the session should not be construed as such.

\_\_\_\_\_ I understand that my feedback is an essential element in my treatment.

\_\_\_\_\_ In a professional, therapeutic relationship, inappropriate words or advances by or between therapist or client is never appropriate and may terminate massage/therapeutic relationship.

\_\_\_\_\_ I understand draping will always be used; preferred method is to be covered at all times, meaning only the body part being massaged will be exposed (no exceptions). In some cases, such as stretching and movement exercise, you will be asked to wear shorts or workout clothes. Your modesty will be honored at all times.

\_\_\_\_\_ I acknowledge that if I am unable to keep a scheduled appointment, 24 hours’ notice is required or I may be charged for the time reserved.

\_\_\_\_\_I understand that if I am late for my appointment the amount of time may be shortened and I may be charged for the time reserved.

\_\_\_\_\_\_The massage/bodywork treatment I am requesting has been discussed and agreed upon between myself and my therapist.

\_\_\_\_\_If I experience any pain or discomfort during the massage session, I will immediately communicate that to the therapist so that treatment can be adjusted accordingly.

\_\_\_\_\_Both the massage therapist and I have the right to terminate the massage therapy session and/or therapeutic relationship at any time for any reason.

\_\_\_\_\_I have read and understood this consent form in its entirety.  If at any time there are changes in the information given, or in my condition, I will notify the therapist and update this form before receiving additional massage.  I have stated all of my known medical conditions and have answered all questions honestly on the intake form.

 By my signature, I consent to receive massage therapy.

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Client’s Signature                 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Massage Therapist’s Signature Date

**CONSENT TO TREATMENT OF MINOR**

By my signature below, I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to administer

massage, bodywork or somatic therapy techniques to my child or dependent as deemed necessary. As per PA law any persons under the age of 18 must be accompanied by parent or guardian and authorize informed consent to minor.

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Minor’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature Date

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Massage Therapist’s Signature Date