

Massage Therapy Consent Form

We would like to thank you for choosing massage therapy! Whether you have sought my services for medical conditions, tension relief, or just relaxation, it is important to know what to expect.

- *Massage therapy promotes flexibility, joint maintenance, and pain relief.
- *Possible side effects include but are not limited to dizziness, nausea, and muscle soreness. I understand that these are all normal reactions, and should resolve soon after treatment is administered. If I feel uncertain about how I am feeling after treatment, I will let my massage therapist know.
- *It is important to communicate as much as possible about my past and present health concerns to my therapist to enable the best possible care.
- *I acknowledge that everyone's pain threshold is different, and that treatment in general should not be discomforting. I will let my therapist know how the pressure is feeling, and if I want it to change.
- *If any questions arise at anytime during the assessment or treatment I understand that it is my right as a client to voice my opinion.
- *I understand that as a client I am in complete control of my session, and that any techniques that I am uncomfortable with can be stopped or modified at my request.
- *I understand that it is important to have an active involvement in my home-care or rehab (exercise or homework that may be given to me to help with my symptoms) to achieve optimal results from my therapy.
- *I understand that a receipt can only be issued for the day the treatment was given and will not ask my therapist to back-date or do anything else that may be considered fraudulent for the purpose of my monetary gain.

Privacy

Under the new privacy laws enacted in 2004, I understand that any personal information about me cannot be accessed without my consent. I am aware that anyone else requesting information about me may only receive it if I choose. I am aware that a copy of this privacy policy is available in my massage therapist's office and I may see it upon request.

Missed Appointments/No Show Policies

If I am unable to attend my scheduled appointment time, I will provide the clinic with 24 hours notice so that the clinic may utilize my time for another client seeking treatment. If I fail to give this notice, I am aware that I will be charged a no show/missed appointment fee. I also understand that consecutive missed appointments may result in loss of potential massage therapy services at Da Ponte Massage Clinic.

I _____
have read and understood everything that is expected from me as a client, and have an understanding of what I can expect from my massage therapist. I give permission for my massage treatments, and understand I can withdraw my consent at anytime.

Sign: _____ Date: _____