

CONSENT FOR TREATMENT

Massage Therapy Services

THIS FORM MUST BE COMPLETED & SIGNED <u>BEFORE</u> RECEIVING A MASSAGE.

General & Medical Information

Have you ever experienced a profess	sional massage?	
Which areas would you like to focus	on during this massage?	
Do you have any of the following cor	nditions? If yes, please explain be	elow as clearly as possible.
Pregnant C Arthritis Se	Vear contact lenses Inner Inne	
Comments:		
I understand that the massage I receimuscular tension. If I experience any therapist so that the pressure and/or that massage should not be construed understand that massage therapists a prescribe, or treat any physical or me should be construed as such. Because conditions, I affirm that I have stated honestly. I agree to keep the massage the session and understand that there do so. I understand that any illicit or immediate termination of the session right to refuse to perform massage or massage is contraindicated.	r pain or discomfort during the solution of th	ession, I will immediately inform the evel of comfort. I further understand mination, diagnosis, or treatment. I all or skeletal adjustments, diagnose, d in the course of the session given and under certain medical ans, and answered all questions anges in my medical profile during sage therapists part should I fail to advances made by me will result in a sed Massage Therapist reserves the
Client Name (please print)	Client Signature	Date
Phone Number	Email:	
Witness Name (please print)	Witness Signature	Date