

Massage Therapy Assessment and Treatment Consent Form

Please read carefully and sign before receiving therapy. All information provided is confidential .

I understand that the massage I receive is provided for the purpose of relaxation and/or relief of muscular tension.

If I experience any discomfort during the session, I will immediately inform the therapist so that the pressure and strokes may be adjusted.

I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment.

I understand that my RMT is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness. However, my therapist will refer me to the required health professional if needed.

I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

I also understand that the Licensed Registered Massage Therapist reserves the right to refuse or terminate massage session to anyone whom he/she considers to have a condition for which massage is contraindicated.

Name of Client _____

Signature of Client _____

Date _____