



INFORMED CONSENT FOR MASSAGE

I understand that the massage given to me by _____ is for the purpose of (stress reduction, pain reduction, relief from muscle tension, increasing circulation, or other specific reasons stated here _____).

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

My physical condition permits me to have a massage. I have stated all my known physical conditions and medications, and I will keep the massage therapist updated on any changes. I am fully aware of all risks that massage therapy entail and I have decided to consent to this procedure.

Signed: