



### **Informed Consent to Massage Therapy Treatment**

I understand that the massage therapist is providing massage therapy services within their scope of practice. I hereby consent for my therapist to treat me with massage therapy. I acknowledge that the therapist is not a physician and does not diagnose illness or disease.

Since the physical response to a specific treatment can vary widely from person to person, I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

I have completed my medical history form as provided by my therapist and disclosed to the therapist all of those medical conditions affecting me. It is my responsibility to keep the massage therapist updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

I also understand that if I cancel my massage with less than 24 hours, I will be charged a \$30 no show service charge and, if I cancel the same day as the massage, I will be charged the full price of the massage.

Patient Name \_\_\_\_\_

Signature of Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_