CONSENT TO TREATMENT

FOR MASAGE THERAPY

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| Patient name: |  |

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| Hereby consent to massage therapy treatment for | |
| following complaints: |  |
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The therapist has thoroughly provided me with information relevant to the treatments for the above listed complains.

My massage therapist has thoroughly explained alternative treatment where applicate and relevant, as well as possible risks and side effect of my therapist’s proposed treatment plan.

The consequences of having treatments or not having treatments have been explained to me. I have been informed that I may stop treatment at any time.

At any given time throughout the treatment, I may request the therapist to stop, modify or change the treatment plan.

I have read the above and understand the consent to Massage Therapy treatment.

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| Patient’s Signature |  | Date |

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| Therapist’s Signature |