

Informed Consent for Massage

I _____ am voluntarily wishing to experience a session(s) of therapeutic massage.

I understand that massage therapists do not diagnose illness, prescribe medications or make spinal adjustments. I further understand that massage is not a substitute for medical care or treatment.

I have alerted my therapist of any conditions I have which may affect the work and have disclosed all medications (herbal or pharmaceutical) that I am currently taking. I further agree to update my practitioner to any changes in my mental, emotional, or physical health.

I agree to update my practitioner of any responses perceived to be a result of massage therapy.

I understand this facility reserves the right to refuse services at their discretion.

I understand there is a 48-hour cancellation policy. If I cancel less than 48 hours before my scheduled appointment, or fail to show without a call, a fee of \$50 will be charged. Emergency situations will be taken into consideration.

Signature _____ Date _____.