

## **Informed Consent for Massage Therapy Session**

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my primary caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease. Because massage must NOT be performed under certain circumstances, I have made the therapist aware of my existing medical conditions. It is my responsibility to keep the massage therapist always updated on my medical history. The information I have provided is true and complete to the best of my knowledge.

IF I experience any pain or discomfort during the session, I will immediately communicate it to the therapist so the treatment can be adjusted. IF I have any questions about the therapy, I know that I am free to ask, and that the therapist will happily answer.

I have read a copy of the therapist's policies; I understand them and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_