

MASSOTHERAPY CONSENT FORM

I understand that the massage therapy given is for the purpose of stress reduction, relief of muscular tension, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, massage therapists prescribe neither medical treatment or pharmaceuticals, nor perform any spinal manipulations.

It is clear to me that massage is not a substitute for medical examination and/or diagnosis, and that it is recommended that I see a physician for those services. I have stated all my known medical conditions and take it upon myself to communicate any changes in my physical health.

Signature: _____ Date: _____