

Massage Therapy Informed Consent

I, _____, (client) understand that massage therapy provided by, (Kelsey Swope) is intended to increase relaxation and reduce pain caused by muscle tension, help improve joint mobility due to muscular tightness, improve circulation and offer you an overall positive experience in hands on healing.

The general benefits of massage, possible massage contraindications and the therapy session have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I am now working with a medical provider for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medication, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

Client Signature _____

Date _____