



**Consent to Treat Form**

I, \_\_\_\_\_, (client) understand that massage therapy provided by \_\_\_\_\_, (massage therapist) is designed to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage are specified below.

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Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclosure**

The general benefits of massage, possible massage contraindications and the treatment procedures 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 concurrently work with my Primary Caregiver for any conditions I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, 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.

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

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Furthermore, I Kim Fernandes, massage therapists, affirm that I have reviewed the Centers Policy regarding the Discipline for which, I am licensed as a massage therapist, I understand them & agree to abide by them.

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

Business Mastery