

**Consent for Therapy**



- ❖ I agree to provide complete and accurate health information and notice of health changes at successive appointments as appropriate. Because massage therapy should not be performed under certain circumstances, I agree to inform the therapist of any changes in my health history and I release the massage therapist from any liability if I fail to do so.
- ❖ I understand that massage therapy is designed to be an ancillary health aid and is not suitable for primary medical treatment. The massage therapist does not diagnose illness or disease, perform spinal manipulations, prescribe medical treatments, and that nothing said or done during the session should be construed as such.
- ❖ Massage therapy will be given as agreed upon by therapist and client for the predetermined goals of stress reduction, relief of muscular discomfort, and/or health promotion.
- ❖ I will immediately inform my massage practitioner of any unusual sensation or discomfort so that the pressure or methods may be adjusted to my level of comfort.
- ❖ I understand that the massage is not sexually oriented in any way and that any illicit or suggestive remarks or behavior on my part will result in immediate termination of the session.
- ❖ I understand that a single massage session or massage used on a random basis is limited to providing a general, nonspecific approach using standard massage methods and does not include any methods to address soft tissue structure or function specifically.
- ❖ I acknowledge that I am aware of the cancellation policy and that for subsequent appointments made, it is necessary that I provide more than twenty-four hours notice of cancellation to avoid any financial penalty.

Client's Signature: \_\_\_\_\_

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

Therapist's Signature: \_\_\_\_\_

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

**Consent to Treat a Minor:**

By my signature, I authorize Jeff Gollaher to provide massage work to my child or dependent.

Signature of Parent or Guardian: \_\_\_\_\_

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