



Therapeutic Massage Informed Consent

I understand that therapeutic massage therapy involves neither diagnosis nor treatment of any condition and is not a substitute for medical care.

Draping will be used at all times for full-body massage, however, neither breasts nor genitalia will be massaged.

I may itemize here any areas on my body that I wish to be avoided, and these will be totally avoided (itemize here if relevant):

I may request to end the session and it will end promptly if I am uncomfortable for any reason.

If a client is under the age of 17, written consent from the client’s guardian or parent is required.

I affirm that I am able to receive massage therapy and that any of the information I have provided above does not prohibit me from doing so. I am aware that if I have a medical diagnosis that prohibits me fro receiving massage I MUST provide a physician’s written consent prior to services.

Client signature_____ Date_____

Therapist signature_____ Date_____