INFORMED CONSENT FOR MASSAGE THERAPY

Patient: **DOB:**

Date: **Chart #:**

Nature of therapy. Massage therapy uses manual manipulation of soft tissues and may include Swedish massage, deep-tissue techniques, trigger-point therapy, myofascial techniques, and stretching. Massage is not a medical diagnosis and does not replace evaluation or treatment by a licensed healthcare professional.

Available services/techniques: ☐ Swedish ☐ Deep tissue ☐ Trigger point ☐ Myofascial ☐ Stretching ☐ Other: _____

Possible benefits. Possible benefits include temporary relief of muscular tension or discomfort, improved flexibility or range of motion, relaxation, and reduced stress. Results vary, and no outcome is guaranteed.

Risks and side effects. Possible effects include soreness, stiffness, bruising, fatigue, headache, lightheadedness, skin irritation or allergic reaction to oils or lotions, and temporary aggravation of symptoms or an underlying condition. I will immediately report chest pain, difficulty breathing, severe dizziness, new weakness or numbness, or sudden worsening of symptoms.

Health information. I will tell the therapist before treatment if I may be pregnant; use blood thinners; have a bleeding or clotting disorder, osteoporosis, infection, fever, open wound or rash, recent surgery or fracture, active cancer treatment, cardiovascular or neurological condition, or allergy/sensitivity to oils, lotions, adhesives, heat, or topical products. Treatment may be modified, postponed, or declined for safety.

Draping and boundaries. Professional draping will be used at all times, and only the area actively being treated will be uncovered. Certain areas are excluded from treatment under clinic policy unless separately discussed and consented to in writing. I may decline treatment of any area or technique, request a change in pressure or position, or stop the session at any time. The therapist will maintain professional conduct and appropriate boundaries throughout the session.

Alternatives. Reasonable alternatives may include no massage, rest or activity modification, self-care or exercise, medical evaluation, physical therapy, acupuncture, chiropractic care, medication, or other care recommended by an appropriate licensed provider.

Patient-specific concerns or additional risks discussed:

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Consent and acknowledgment. I have read this form, or it has been read and explained to me in a language I understand. The therapist has explained the nature and purpose of the proposed therapy, possible risks, expected benefits, reasonable alternatives, draping and professional boundaries, and any patient-specific concerns. I have had the opportunity to ask questions and received satisfactory answers. I consent to massage therapy during this course of care unless I revoke consent. I may decline any technique or body area and may stop treatment at any time. A new discussion and consent will occur if the treatment plan substantially changes. The therapist does not guarantee results.

Patient/Representative Signature: **Date:**

Relationship (if applicable): **Interpreter/Language:**

Therapist Name: **Interpreter Signature:**

Therapist Signature: **Date:**