



Registered Massage Therapy Consent Form

PATIENT INFORMED CONSENT

I, _____ understand that massage therapy involves manipulating the soft tissues and joints of the body in order to develop, maintain, rehabilitate or improve physical function or relieve pain. During a massage treatment, the massage therapist will, to the best of their ability, undrape only the area to be massaged; providing with the draping comfort, warmth, security and privacy as requested.

Please indicate any specific preferences regarding privacy and comfort you require:

I understand that during the course of treatment the massage therapist will be open to any questions about procedure or effects as they occur. Without any exclusion listed above, I understand the whole external body; excluding private areas may be massaged.

I further understand that at any time before or during treatment the therapist will respect my communication that I am not touched in any particular region of my body or that I wish to stop or modify treatment.

All information exchanged between myself and my therapist is confidential and requires my consent for release unless my therapist is under supervision or is otherwise legally obligated to disclose information.

I understand that an up to date health history is imperative to ensure safe and effective treatment and that I must therefore notify my massage therapist as soon as any information changes or must be added.

I hereby consent to massage therapy as discussed between myself and my therapist.

Signature of Patient or Lawful Representative

Date Signed (dd/mm/yyyy)

Signature of Attending Registered Massage Therapist

Date Signed (dd/mm/yyyy)
