

Massage Therapy Consent Form

Thank you for choosing Massage Therapy. Whether you have sought our services for a medical condition, tension relief or just for relaxation, it is important to know what to expect.

- Massage Therapy promotes flexibility, joint maintenance and pain relief.
- Possible side effects of treatment include dizziness, nausea and muscle soreness. I understand that these are all normal reactions and should resolve soon after treatment is administered. If I feel uncertain about how I am feeling after treatment, I will let my massage therapist know.
- It is important to communicate as much as possible about my past and present health concerns to my therapist to enable the best possible care.
- I acknowledge that everyone's pain threshold is different, and that treatment in general should not be discomforting. I will let my therapist know how the pressure is feeling.
- If any questions or concerns arise at anytime during the assessment or treatment, I understand that it is my right as a client to voice my opinion.
- Please note, that as a client I am in complete control of my session and that any techniques I am uncomfortable with can be modified or stopped.
- It is important to have an active involvement in my home-care or rehab (exercises that may be given to me to help with my symptoms) to achieve optimal health.

Privacy

Under the new privacy laws enacted in 2004, I understand that any personal information about me cannot be accessed without my permission. I am giving consent to LiveWell Health and Wellness to disclose particulars about my services provided with extended health care coverage parties for the sole purpose of confirming appointments. I am aware that a copy of this privacy policy is available at reception upon request.

No Show Policy

If I am unable to attend my scheduled appointment time, I will provide the clinic with 24 hours notice so that the clinic may utilize my time for another client seeking treatment. If I fail to give this notice, I agree to pay the full scheduled fee.

If I am late arriving for a scheduled appointment time, I will receive a shortened treatment at full scheduled fee.

I _____ have read and understand everything that is expected from me as a client, and have an understanding of what I can expect from my massage therapist. I give permission for my massage treatments and understand that I can withdraw my consent at anytime.

Signed _____ Date _____