



Initial- Consent For Massage Treatment

I have been informed and understand the purpose and the related benefits of massage therapy, as well as the possible risks and side effects. I have had the opportunity to ask questions regarding the assessment & treatment during the visit. I understand that I have the right to have the therapist modify or stop the assessment/treatment at any time.

Printed Name

Date

Signature of patient

Signature of Legal guardian if required

Consent For Treatment Of Sensitive Areas

Some medical conditions require treatment to sensitive areas; glutes, medial thigh, breast or abdomen. If indicated and recommended by your massage therapist, please read and sign below.

I _____ hereby consent to massage therapy for glutes, medial thigh, breast and/or abdomen as recommended by my massage therapist. Techniques, draping, effects and risks have been explained to me. I am aware of my right to have my therapist modify my treatment or withdraw my consent at any time.

Printed Name

Date

Signature of patient

Signature of Legal guardian if required