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## Massage Patient Information & Informed Consent Form

- I understand that massage and bodywork practitioners are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I acknowledge that massage is not a substitute for medical treatment, and it is recommended I see a primary healthcare provider for that service. I understand that it is my responsibility to communicate with my therapist if I have concerns or questions about my session.
- I understand that massage therapy and bodywork services are a therapeutic health aid and are non-sexual. I understand my massage therapists reserves the right to end a therapy session in the case of sexual innuendo or advances from client, and client has the same right in instances of sexual advances of innuendo from the therapist.
- Any information exchanged during a massage or bodywork session is confidential and is only used to provide you with the best health care services available.
- I understand my feedback is an essential in my treatment. I will bring to my therapists attention any time I become uncomfortable and will request the session be modified, temporarily suspended, or brought to an end.
- Therapists reserve the right to decline, discontinue, or restrict services based on any provided information that may indicate that massage therapy would put the client's or therapist's health at risk.
- I understand that my appointment time is reserved just for me. If I miss an appointment or I am unable to give **24 hours notice** when I need to change or cancel my appointment, I agree to pay The Center: Natural Health Specialists in full for this booked appointment time. I further understand that there is a charge of \$25.00 for any returned checks

I have reviewed this form and I have discussed all concerns I may have regarding my treatment with my Licensed Massage Therapist. By my signature, I consent to receive massage therapy and bodywork.

Printed Name: \_\_\_\_\_

Date \_\_\_\_\_

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Patient Signature (Parent or Guardian if under 18)