



## Informed Consent for Massage Therapy

Please read this entire document prior to signing it. It is important that you understand the information contained in this document. If anything needs clarification, please ask before you sign it.

**The nature of massage therapy.** Massage in general provides benefits of stress reduction, circulation, reduction in inflammation, relief from muscular tension, spasm, or pain, and it increases circulation and energy flow.

I hereby request and consent to the performance of massage therapy by any licensed massage therapist employed at and on the premises of Frontier Chiropractic.

I understand that massage therapists do not diagnose illness or disease, perform any spinal manipulations, nor do they prescribe any medical treatments. Frontier Chiropractic requires an examination and evaluation by a chiropractor before receiving massage and subsequent examinations and evaluations of health when condition or health has changed. I understand that when my condition or health has changed, I will disclose all such conditions to the chiropractor and not solely to the massage therapist. I understand that the chiropractor bills and supervises all massage and will communicate to the massage therapist health conditions, medications, certain contraindications or cautions for massage. I have disclosed all such conditions to the chiropractor. I will also update any changes to my health in future appointments. I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment.

I understand that in the practice of massage therapy there are some small risks to treatment, including, but not limited to, muscle strains and sprains, bruising, light headed or dizziness, and tenderness. I do not expect the massage therapist to be able to anticipate and explain all risks and complications. I wish to rely on the massage therapist to exercise judgment during the course of my treatment based upon the facts known, and in my best interests.

I am aware there are further alternatives offered such as chiropractic, acupuncture, and physiotherapy, etc.

I understand that during my massage, my therapist may use lotions, oils, essential oils, or other products to aid in my care that may be unpleasant in smell or may cause a skin reaction. If I have specific allergies, I will notify the staff. In case of an allergy, I will work with the staff in making accommodations. If I have a preferred product of lotion or oil, I may bring this to my appointment for the therapist to use.

If at any time during the treatment I feel uncomfortable, I have the right to request an immediate stop to the session or request modifications to the treatment.

I understand that the therapist may refuse to treat me at all or part of my body with just and reasonable cause.

I understand that sexual advances of any kind will not be tolerated.

I understand that good hygiene is much appreciated. I will come showered and be free of heavy oils and unpleasant odors before my appointment.

I understand that children are not permitted in the massage room or unsupervised in the massage waiting area. I must have childcare provided for them during the massage. I understand that Frontier Chiropractic does not provide childcare services.

I understand that in case of an emergency, my therapist will leave the room, so that I may quickly dress. I also, understand that Frontier Chiropractic has provided a robe for me to use as another option to clothe with.

**Scheduling:** I understand that Frontier Chiropractic schedules on a first come, first served basis. If I would like to schedule with a particular therapist, I will notify the front desk at the time I schedule. If there are no available times with my requested therapist, the front desk staff will suggest scheduling with another therapist to maintain my treatment plan. If Frontier Chiropractic is booked for massage at my requested time, they will suggest that I continue treatment of chiropractic care and recommend other effective therapies to get me back to feeling better.

I understand that promptness is expected for all my appointments. In the event I'm late, the massage may be cut short due to other commitments of the therapist. Fees may be maintained per the schedule.

**Cancellation Policy:** A 24-hour notice is required for cancellation of my massage appointment. After 2 cancellations, I will be billed for the 3rd cancellation if my slot is not filled. If I do not call or show up twice, I will not be rescheduled in advance of the day I call in for an appointment.

All information will be kept strictly confidential and will remain with Frontier Chiropractic. I have read and agree with all the information. If I have any questions or concerns, I will ask the therapist or staff.

Fees and or copayments for treatment are due prior to departure on the day of the treatment. Cash, card or personal checks are accepted.

By signing below, I show that I have read, or have had read to me, the above consent to treatment and have been told the risks and benefits of massage and other procedures and practices involved, and have had the opportunity to ask questions.

Printed Name (printed): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_