



Massage Therapy Consent Form

I consent that it my choice to receive massage therapy. I understand that registered massage therapist do not diagnose illness, disease or any mental or physical disorder; nor do they prescribe medical treatment, pharmaceuticals or perform spinal thrust manipulations. I acknowledge that massage therapy is not a substitute for medical examination or diagnoses and that it is recommended that I see a medical doctor for that service. I have stated all medical conditions that I am aware of and will update the massage therapist of any changes in my health status.

I give consent for receiving massage treatment. It is my choice to terminate or modify treatment at any time.

Date: _____

Name _____
(please print)

Signature