



Informed/Written Consent for Massage Therapy Treatment

I _____ consent to the massage therapy treatment that will be performed at Body Mechanics Orthopedic massage. I understand that any massage therapy techniques including remedial exercises, orthopedic testing, hydrotherapy, stretching, or home care will be discussed with me upon initial assessment. I further understand that some assessment will be performed during each massage therapy session. All information is strictly confidential and I may stop or change my treatment at any time.

By signing this form I acknowledge and understand that I am required to give **24 hours** notice upon needing to reschedule/cancel an appointment. Failure to do so within that time frame will result in my credit card on file being charged the **full price** of my appointment.

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of the massage therapy

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for diagnosis and ongoing treatments of conditions that I have

I have stated all known physical conditions and medications and will keep the massage therapist informed on any changes.

I understand that Body Mechanics along with my therapist will bear no liability if I fall due to any of the above mentioned.

Signature _____ Date _____

*Kindly silence all cell phones or devices prior to your treatment