



Chiropractic • Naturopathy • Massage Therapy • Acupuncture

3885 Duke of York Blvd., Suite C211, Mississauga, ON L5B0E4 T: (905)276-6800 F: (905)276-6802 www.NaturaWellnessClinic.com

THERAPEUTIC MASSAGE CONSENT FORM

This form must be completed and signed before proceeding for a therapeutic massage treatment.

DATE: _____

My conditions/discomforts are: _____

Modalities I consent to be treated with (check): Swedish Massage Hot Stone Massage

Areas I give consent to be treated: General: Neck Head Back Shoulders Chest Abdomen Arms Legs
Sensitive Areas: Inner Thighs Gluteus L / R Breast L / R

(I understand that areas such as the gluteus muscles, breast tissues, and inner thighs will always be excluded unless my verbal and written consent is given to the registered massage therapist as my permission to allow her/him to treat these areas).

Before a massage treatment, the registered massage therapist (RMT) may perform an assessment to evaluate my condition/tissue discomforts. I understand that an assessment is done for my health benefit and that it is part of my scheduled treatment time; if I refuse to have an assessment performed on me, the registered massage therapist may only perform a general relaxation massage. If there are any contraindications present to having a massage therapy treatment, the registered massage therapist has the right to refuse to perform the massage treatment and refer me to another healthcare professional for further evaluation if needed.

The registered massage therapist has educated me on the assessment, benefits, side effects, risks, consequences, anatomy to be treated, and alternative modalities available (ex. hydrotherapy) for my proposed massage treatment plan. Which, tests, techniques, and remedial exercises will be used and recommended, and alternative treatments available by other healthcare professionals that I may be referred to in conjunction with massage if needed. I understand that I have the right to stop my treatment sessions at **any time**; and that these sessions will be modified according to my needs and best interests when I show discomfort to the registered massage therapist. I also understand that the information I disclose is confidential and will not be released **unless my verbal and written consent is given or if required to by law**.

I understand that I must give at least 24 hours notice to cancel or reschedule my appointments or a \$40.00 charge will be applied. I understand that if I show up late for my massage treatment, the treatment will be shortened and I will be charged full price.

I understand that massage therapy should not be performed with certain medical conditions, therefore I confirm that I have stated all my medical conditions and answered all questions honestly. I agree to always update the registered massage therapist on my medical file and do not hold the registered massage therapist liable if I fail to do so.

I have read the above statements and have had the opportunity to ask questions about them. By signing this consent form, I am agreeing to the above-mentioned therapeutic massage procedures, and I intend this consent to apply to and cover all subsequent treatments for my current condition. **I also authorize my medical file to be reviewed by the other healthcare professionals only employed within Natura Wellness Clinic to help treat me safely should I be using other treatment options within this clinic.**

CLIENT NAME: _____ CLIENT SIGNATURE: _____

If Needed: SDM NAME: _____ SDM SIGNATURE: _____

RMT NAME: _____ RMT SIGNATURE: _____

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