

MESSAGE THERAPY INFORMED CONSENT

I, _____, (CLIENT) UNDERSTAND THAT MESSAGE THERAPY PROVIDED BY SHARI FISHEL, CERTIFIED MESSAGE THERAPIST, IS INTENDED TO ENHANCE RELAXATION, REDUCE PAIN CAUSED BY MUSCLE TENSION, INCREASE RANGE OF MOTION, IMPROVE CIRCULATION AND OFFER A POSITIVE EXPERIENCE OF TOUCH. THE SERVICES PROVIDED AND INTENT OF MESSAGE THERAPY ARE IN NO WAY SIMILAR TO THAT OF SO-CALLED "MESSAGE PARLORS."

I UNDERSTAND THE MESSAGE SERVICES ARE DESIGNED TO BE A HEALTH AID AND ARE IN NO WAY TO TAKE THE PLACE OF A DOCTOR'S CARE WHEN IT IS INDICATED. INFORMATION EXCHANGED DURING ANY MESSAGE SESSION IS EDUCATIONAL IN NATURE AND IS INTENDED TO HELP ME BECOME MORE FAMILIAR AND CONSCIOUS OF MY OWN HEALTH STATUS AND IS TO BE USED AT MY OWN DISCRETION.

I AM AWARE THAT THE MESSAGE THERAPIST DOES NOT DIAGNOSE, TREAT, PRESCRIBE FOR OR OFFER MEDICAL SERVICE FOR ANY DISEASE, ILLNESS, OR ANY OTHER PHYSICAL OR MENTAL DISORDER OF A PERSON. NOTHING SAID IN THE COURSE OF THE MESSAGE SESSION SHOULD BE MISCONSTRUED AS SUCH.

I UNDERSTAND THAT DRAPING WILL BE PROVIDED DURING THE MESSAGE THERAPY SESSION TO MAINTAIN MY MODESTY, THAT THERE ARE MESSAGE FORMS WHICH DO NOT REQUIRE THE REMOVAL OF CLOTHING AND THAT I MAY DETERMINE HOW MUCH CLOTHING TO REMOVE.

I UNDERSTAND THAT I AM RESPONSIBLE FOR COMMUNICATING ANY PHYSICAL OR EMOTIONAL DISCOMFORT, IF ANY SHOULD ARISE, DURING THE MESSAGE SESSION.

CLIENT/GUARDIAN SIGNATURE

DATE