



# MidMichigan therapeutic massage care

Improving the quality of living. One person at a time.™

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## INFORMED CONSENT FOR MASSAGE THERAPY TREATMENT

Please read carefully and seek clarification as needed before this treatment consent.

I hereby consent, freely and without any mental reservation, to receive massage therapy treatment to be administered by MidMichigan Therapeutic Massage Care. I understand that the massage therapy treatment given here involves manipulation of superficial and deeper layers of muscle and connective tissue to enhance function, aid in the healing process, promote relaxation, well-being, stress reduction, relief from muscular tension or spasm, increasing circulation and energy flow, and for a variety of other health-related purposes.

I understand that my massage therapist is both a certified (by an accredited and qualified institution in the U.S.) and a licensed healthcare practitioner within the State of Michigan by Michigan Department of Licensing and Regulatory Affairs, Health Professional Licensing. For more information on the State of Michigan health professional licensure please visit [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).

I acknowledge that no assurance or guarantee has been provided to me as to the results of the treatment. I acknowledge that with any treatment there can be risks and those risks have been explained to me and I assume those risks.

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that pressure or strokes may be adjusted to my level of comfort.

I affirm that I have notified my therapist of all known medical conditions and injuries.

I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.

I understand that massage therapists do not diagnose illness, disease or any other physical or mental disorder; nor do they prescribe medical treatment of any kind. I acknowledge that my massage therapist has informed to see a physician for medical examination, diagnosis or care.

I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical (except as prescribed and directed by a qualified physician) or mental illness, and that nothing said in the course of a session should be considered as such.

Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical and health conditions and have answered all questions honestly. I agree to take it upon myself to keep the massage therapist updated on my health and wellbeing and I understand that there shall be no liability on the practitioner's part should I fail to do so.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the massage, and I will be liable for payment for the full time scheduled.

I understand that I am subject to a fee equal to the cost of the missed appointment and/or for any appointment cancellation with less than 24 hours' notice and that late arrivals are responsible for the fee of the entire session.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my therapist from time to time, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

\_\_\_\_\_  
Patient's/Client's Last Name

\_\_\_\_\_  
Patient's/Client' First Name

\_\_\_\_\_  
Initial

Patient/Client Signature: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

\_\_\_\_\_  
Date