



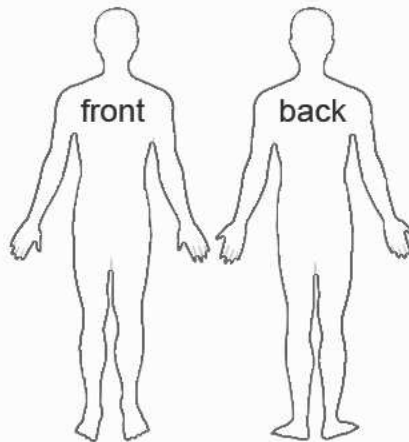
### *Massage Informed Consent Form*

I understand that the massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist prescribes neither medical treatment nor pharmaceuticals nor performs any spinal manipulations.

It has been made clear to me that this massage is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailments I might have.

Because a massage therapist must be aware of existing physical conditions I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I am indicating to my massage therapist those areas that I do not want included in my massage by circling the areas on the figures below.



PATIENT SIGNATURE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO DAY YR