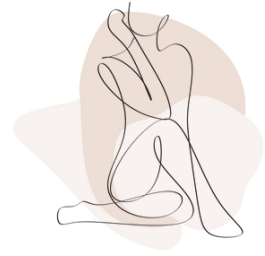


Heavenly Hands Mobile Massage

CLIENT CONSENT FORM



SCOPE OF PRACTICE

Massage Therapy is a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client. Massage Therapists do not diagnose or prescribe for medical conditions nor are they allowed to provide treatment for a specific condition without a doctor's supervision. The massage therapist is required to refer you for diagnosis and to follow recommendations of your physician. The massage therapists are happy to adjust pressure, temperature, music volume, work longer on an area or move on if you request it.

MEDICAL CONDITIONS

It is the responsibility of the client to keep the massage therapist informed of any medical treatment currently being taken, and to provide written permission from the physician, chiropractor, physical therapist, etc., that the massage may be continued. The client must also keep the massage therapist informed of any changes in health conditions.

CONSENT

I _____ understand that if I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that Massage Therapy should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. Massage should not be performed under certain medical conditions and I affirm that I have stated all my known medical conditions, and answered all questions honestly. I will keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist should I fail to do so. _____(Initials)

This is a Therapeutic Massage session and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment. _____(Initials)

I understand the Massage Therapist practitioner reserves the right to refuse services to me for any reason that she deems necessary. _____(Initials)

Client Name (printed) :

Client Name (signature) :

Date:

Therapist:

Date: