



Massage 4 Life, LLC

Massage Therapy Informed Consent Form

I would like to thank you for choosing Massage 4 Life, LLC mobile massage therapy. Whether you have sought our services for a medical condition, tension relief or just for relaxation, it is important to know what to expect.

_____ I hereby request and consent to the service of massage therapy treatment and other massage procedures, including various modes of exercise and therapy, on me by a licensed massage therapist.

_____ I understand that I will have an opportunity to discuss with my massage therapist the nature of massage therapy treatment and other procedures. I understand the results of my treatment may not be guaranteed.

_____ I am informed that, as in all health care, in the practice of massage therapy there are some very slight risks to treatment, including, but not limited to, muscle strains and sprains, bruising, lightheaded or dizziness, and tenderness. I do not expect my massage therapist to be able to anticipate and explain all risks and complications and I wish to rely on the massage therapist to exercise judgment during the treatment which the massage therapist feels at the time, based upon the facts then known, and is in my best interests.

_____ I understand that I will be always draped, and the areas undraped will be secure to insure there is no indecent exposure. If undraping my gluteals is significant in the treatment I do understand that it is part of the therapy.

_____ I am informed that I have the right to terminate my treatment sessions at any time, and the right to alter my therapist's pressure during the massage treatment.

_____ I am aware there are further alternatives offered such as chiropractic, acupuncture, reflexology, and physiotherapy etc.

_____ I have read the above consent. I have also had an opportunity to ask questions about its consent, and by signing below, I agree to the above-named procedures. I intend this consent form to cover the entire course of the treatment sessions for my present condition and for any future sessions for which I seek treatment concerning this condition.

_____ I acknowledge that everyone's pain threshold is different, and that treatment in general should not be discomforting. I will let my therapist know how the pressure is feeling.



_____ If any questions or concerns arise at any time during the assessment or treatment, I understand that it is my right as a client to voice my opinion.

_____ I am in complete control of my session and that any techniques I am uncomfortable with can be modified or stopped.

_____ I will have an active involvement in my homecare or rehab (exercises that may be given to me to help with my symptoms) to achieve optimal health.

Privacy

Under the new privacy laws enacted in 2004, I understand that any personal information about me cannot be accessed without my permission. I am giving consent to Massage 4 Life, LLC to disclose particulars about my services provided with extended health care coverage parties for the sole purpose of confirming appointments. I am aware that a copy of this privacy policy is available at reception upon request.

No Show Policy

If I am unable to attend my scheduled appointment time, I will provide Massage 4 Life, LLC with 24-hour notice. If I fail to give this notice, I agree to pay the full scheduled fee. If I am late arriving for a scheduled appointment time, I will receive a shortened treatment at full scheduled fee.



I _____ have read and understand everything that is expected from me as a client and understand what I can expect from my massage therapist. I give permission for my massage treatments and understand that I can withdraw my consent at any time.

Dated this day of _____, 20_____.

Patient Signature (Legal Guardian) Name: _____

(please print) _____

Witness of Signature Name: _____

(please print) _____

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