



CONSENT TO MASSAGE THERAPY

I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. As such, massage therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical or chiropractic examinations and/or diagnosis and that is recommended that I see a physician for any physical ailment that 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 clearly understand and agree that all services are charged directly to me and that I am personally responsible for payment.

Name (Please Print)

Date: _____

Signature of patient (or legal guardian)