

Grand River Massage Therapy Clinic
Informed Consent for Massage Therapy and Care

Treatment:

Please inform the therapist if there is anything that he or she is doing that hurts or feels uncomfortable. Unless otherwise discussed there should only be a minor irritation that is temporary, and should stop when the therapist's hands leave the area being treated.

Modesty:

Feel free to leave on or remove whatever amount of clothing you feel comfortable with. There is a draping sheet used to keep you covered and only the body parts that are being worked on will be undraped.

Advantages and disadvantages of having treatment:

After the therapist shares the result of any assessment and or knowledge pertaining to your case, the therapist will share the advantages and disadvantages of having the treatment done. It is your choice at any time during the treatment to decide to alter or even stop the treatment.

Goals of the treatment:

The short and long term goals of your treatment will be clearly established before the treatment begins. These goals are also subject to your decision to alter or change at any time. After the first treatment the therapist will recommend any future course of treatment if indicated. This could consist of one of a series of treatments, example, 2 x 1 hour treatments / week for two weeks. All treatment plans will vary according to the injury, person's lifestyle and resources. There will be parts of the treatment plan devoted to reassessment to make sure the therapy is effective.

Side Effects:

It is possible that after the treatment you could experience an increase in your painful symptoms, or, experience other symptoms as your body responds to the treatment. These symptoms on rare occasions could involve dramatic change in mood and or dizziness, headache, or other body pain.

As the client, I understand and agree that the anticipated effects of these treatments are not guaranteed and the therapist is not able to convey all the possible side effects that may occur. Therefore I hereby assume all risks and save harmless and forever release that therapist and their insurers, respective officials, directors, successors, employees and agents from any liability of any injury or damage that may occur from this therapy which was not forewarned to me by my Therapist.

I understand that a Health History intake and a full orthopedic assessment is included in my treatment time and is necessary to ensure that massage therapy is safe for me.

Client's Signature

Therapist's Signature

Date / /

Print name below
