

Massage Therapy - Informed Consent

**PLEASE NOTE THAT THIS FORM MUST BE SIGNED
PRIOR TO YOUR 1ST APPOINTMENT**

I _____ consent to massage treatment for the following complaint(s): _____

The therapist has provided me with information relevant to treatment for the above complaints. Alternative courses of treatment where applicable and relevant as well as the possible risks and side effects of my therapist's proposed treatment plan, have been explained to me. The consequences of having treatment/not having treatment have been explained to me and I have been informed that I may stop treatment at anytime. At any given time throughout my treatment, I may request the therapist to stop, modify or change the treatment plan.

The vision of the Integrative Health Institute is to provide true integrative medical services. Given our commitment to this best-patient practice, we will communicate with your other medical providers at the clinic to ensure that you are receiving true complementary care. This will be done with respect for all privacy laws and any restrictive stipulation you may have placed on this communication. Please speak to your practitioner if you would like more clarification on this process.

I welcome professional dialogue regarding my case between members of my medical team at the Integrative Health Institute: Yes I No

Signature: _____

I have read this information and understand this consent to massage treatment.

Patient Name: (Please Print): _____

Signature of Patient or Guardian: _____ Date: _____

Massage Therapist (Print): _____ RMT Signature: _____