

**Consent for Treatment**

I, \_\_\_\_\_, understand that massage therapy provided by, any massage therapist DBA IASIS Center, is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

Any other intended purposes for massage therapy are specified below:

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The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me.

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have.

I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

I give my consent to receive treatment.

I have received a copy of the therapist's policies. I understand them and agree to abide by them.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date