

I, _____, understand that massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation and energy flow. I understand that massage therapists do not diagnose illnesses, disease or any other physical or mental disorder. As such, the massage therapist(s) do not prescribe medical treatment or pharmaceuticals, nor do they perform spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis, and that it is recommended that I see a physician for any physical ailment that I may have. Because the massage therapist must be aware of existing physical conditions, I have stated all of my known medical conditions and take it upon myself to keep the massage therapist(s) updated on my physical health.

Signature _____ Date _____

Therapist _____ Date _____

Contact Information

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone () _____ Work Phone () _____
Mobile Phone or Pager () _____ E-mail _____
Name of person who referred you if applicable _____