

INFORMED CONSENT FOR MASSAGE

I, _____, am voluntarily wishing to experience a session(s) of therapeutic massage (or other modality (please specify) _____) by Janel Schnee, LMP, MMP.

I understand that massage therapists do not diagnose illness, prescribe medications or make spinal adjustments. I further understand that massage is not a substitute for medical care or treatment.

I have alerted my therapist to any conditions I have which may affect the work and have disclosed all medications (herbal or pharmaceutical) that I am currently taking. I further agree to update my practitioner to any changes in my mental, emotional or physical health.

I am seeking therapeutic massage of my own accord for the purposes that massage is intended. Such purposes include but are not limited to relaxation, mental wellness, relief of tension of sore muscles, improved circulation and/or improved range of motion.

I understand and have had explained to me the procedure, benefits and contraindications for massage and the side-effects which may occur as a result of massage.

CANCELLED AND MISSED MASSAGE APPOINTMENTS

Please understand that your time commitment begins at the moment you reserve a massage. In order to make it fair for everyone, please consider your schedule carefully and don't commit to a time that you feel may be questionable. There are times when a cancellation is, of course, necessary; however please give advanced notice whenever possible. Missed or cancelled appointments (medical emergencies excluded) without twenty-four (24) hours notice, will be charged \$35.00 for the missed session.

I have read and understand the above policy.

Signature: _____

Date: _____