

Consent for Massage Therapy Assessment and Treatment

With **Sherri Flegel, RMT**

I understand the purpose of an assessment is to determine if massage therapy is indicated for me. The nature and purpose of the assessment will be discussed and I will be given the opportunity to ask questions.

I will be informed of the proposed treatment plan and will be given the opportunity to ask questions. Prior to treatment I will be informed of the areas that will be treated, proper positioning and draping on the table. My therapist has explained to me possible side effects of treatment and I understand them.

I understand I have the ability to refuse, alter or rescind consent for treatment at any time throughout the treatment.

I have read, understood and agree that the above information stated of all my previous and present medical conditions, and injuries are accurate, current and confidential. I take it upon myself to update the massage therapist regarding any changes to my health status and conditions.

I understand the nature and purpose of the massage therapy treatment and therefore give my consent to start treatment.

Signature of Client _____ Date _____

Signature of Guardian _____ Date _____