Client Consent Form

I understand that the massage therapy is not an alternative method of tumour reduction, nor does it provide a cure or 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, but is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion and improve a sense of wellbeing.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. 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 understand that there shall be no liability on the practitioner's part due to my forgetting to relay any client information.

If I experience any pain or discomfort during the session, I will immediately communicate that to the therapist so the treatment can be adjusted.

I consent to holding my personal information as determined by the General Data Protection Regulation policy for 5 years.

Client/Guardians signature_____

Witness _____Date_____

Revitalise
By Katie Reid