

# Massage Therapy Informed Consent



**International Institute for  
Complementary Therapists**  
*Professional Membership and Insurance for Every Therapist*

I, (Client's Name) \_\_\_\_\_ have chosen to consult with and hereby give consent for \_\_\_\_\_ therapy to be provided by (Therapist's name) \_\_\_\_\_ who I understand is a member of the International Institute for Complementary Therapists (IICT).

I have provided a detailed medical history. I do not expect the therapist to have foreseen any previous or pre-existing condition that I have not mentioned.

I understand that my consultation may provide benefits for certain conditions but results are not guaranteed.

These benefits may include relief of tension, relaxation, reduction in the symptoms of stress-related conditions and provision of general wellbeing.

I also understand that my consultation may produce side effects such as muscle soreness, mild bruising, increased awareness of areas of pain and light-headedness amongst other possible temporary outcomes.

I am aware that the therapist does not diagnose illnesses, prescribe medications nor physically manipulate the spine or its immediate articulations.

The therapist understands that I have the right to question procedures used and to receive an explanation of any procedures that the therapist performs.

I will tell the therapist about any discomfort I may experience during the therapy session and understand that the therapy will be adjusted accordingly.

Client Signature (or Guardian's): \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_

Dated this day of \_\_\_\_/\_\_\_\_/\_\_\_\_

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## **Privacy Policy**

*This practice is committed to the privacy of its clients. Personal information is treated as confidential and is used only for the purpose for which it was collected.*

*Information kept on file will not be released to a third party without the express consent of the client or as required by law.*