



ADVANCED
CHIROPRACTIC
CENTER, INC.

2508 Hillsboro Ave. N., Golden Valley, MN 55427

Informed Consent for Massage

I understand the benefits that I may receive from the massage given here include but are not limited to stress reduction, relief from muscular tension and spasm, reduction of pain, promotion of circulation and lymph activity, improved sports performance, enhanced endurance, increased flexibility, injury prevention, and enhanced mental function. Although many people experience these benefits, there are no guarantees. Risks can include muscular soreness, bruising with certain deep tissue work. When the body is healing naturally, you may feel worse before feeling better. Contraindications for massage can include but are not limited to acute infection, injury, or disease, skin conditions, recent surgery.

I understand that a massage therapist does not diagnose illness, disease or any other physical or mental disorder. As such, the massage therapist does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal manipulations. It has been made very clear to me that massage therapy is not a substitute for medical examination and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I may have. A massage therapist must be made aware of existing physical conditions, hence I have stated all my known medical conditions and take it upon myself to keep the massage therapist updated on my physical health.

I understand that to experience the benefits of massage, it is important that I feel relaxed and comfortable with the situation. If I am uncomfortable with anything, it is my right and responsibility to voice my concern. It is also my choice to terminate the massage at any time if I feel the necessity. The massage therapist welcomes input regarding the depth of pressure being applied.

Most types of massage are most effectively performed with the area being massaged uncovered. This usually involves the client lying on the massage table properly draped with a sheet, unclothed or wearing just undergarments. Each area will be uncovered while it is being massaged then draped to provide for warmth. Your comfort is of utmost importance. Please discuss with the massage therapist any questions or concerns you may have regarding this.

I understand that this is not a legal document but the intent is to explain the massage procedure and answer any questions that I may have. I have been given the opportunity for this and will in the future feel free to continue this dialog as necessary.

SIGNATURE _____ DATE _____

MASSAGE THERAPIST _____