

Massage Therapy Client Consent Form

A **client consent form** for massage therapy ensures that clients are fully informed about the treatment process and agree to the procedures involved. This document helps protect both the therapist and client by outlining potential risks and obtaining explicit permission. Using a clear and comprehensive consent form promotes trust and professionalism in massage therapy sessions.

Client Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Medical History

Please list any relevant medical conditions, allergies, or injuries:

Consent and Agreement

I, the undersigned, understand that massage therapy is intended for the purpose of relaxation and relief of muscular tension.

I acknowledge that massage therapists do not diagnose illness, disease, or any physical or mental disorder. I understand that massage therapy is not a substitute for medical examination or diagnosis.

I have disclosed all relevant medical information, including conditions and medications.

I understand the risks of massage therapy and authorize the therapist to proceed with the treatment. I may withdraw consent and stop treatment at any time.

I hereby give my consent to receive massage therapy treatment.

Client Signature:

Date:

Massage Therapist (print name):