

Massage Therapy Informed Consent

Keaton Basso RMT

I, (Client's Name) _____ have chosen to consult with and hereby give consent for massage therapy to be provided by (Therapist's name) **Keaton Basso RMT**, who is a member of the College of Massage Therapists of Ontario – RMT.

I understand that massage **may** provide benefits for certain conditions but results are not guaranteed. These benefits may include relief of muscular tension, relaxation, reduction of stress related symptoms and provision of general well-being.

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

I also understand that massage them produce 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, or performs any high velocity manipulations of the spine.

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

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

I also have the right to withdraw my consent at any time once the treatment has begun.

Client's Signature:

Therapist's Signature:

Date:
