Informed Consent to Massage and/or Acupuncture Treatment

There are possible risks associated with manual therapy techniques used by Registered Massage Therapists. In particular you should note:

- Massage therapy is most effective when applied directly to the skin, but personal boundaries are determined by you, the patient. You are covered by a sheet at all times except for the area being treated.
- Some patients may experience short term aggravation of symptoms as a result of manual therapy techniques; such as assessment, treatment and self-care procedures.
- Deep massage may be associated with bruising and tenderness. If suggested by the therapist, and consented to by the patient, it is the patient's responsibility to inform the therapist of the patient's tolerance and maximum comfort level.
- Acupuncture may be associated with mild bruising and tenderness at the insertion points. If this occurs, it is the client's responsibility to make the therapist aware of the situation and to discuss treatment alternatives.
- You, the patient and the therapist will work together in developing an informed treatment plan where both the patient and the therapist play an active part in the therapeutic process.
- If at any point, you are uncomfortable with any aspect of the treatment, it is your responsibility to inform the therapist who will stop the treatment and ask you clarifying questions to address the discomfort.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my massage therapist the nature and purpose of massage and/or acupuncture treatment in general, the treatment options and recommendations for my condition, and the contents of this Consent.

I consent to the massage and/or acupuncture treatment recommended to me by my massage therapist including any recommended self care.

I intend this consent to apply to all my present and future care.

Dated this	d	ay of	,	, 20		
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Patient Signature (Legal Guardian)

Witness of Signature

Name : _____

(please print)

Family Chiropractic & Massage Therapy

Name :_____

(please print)