



## Consent for Treatment

Massage therapy is not a substitute for medical examination or diagnosis. It is recommended that I see a physician for any physical ailment that I may have. I understand that the massage therapist does not prescribe medical treatments or pharmaceuticals and does not perform spinal adjustments.

I am aware that if I have any serious medical diagnosis, I must provide a physician's written consent prior to services.

- Techniques to be used may include Swedish, Deep Tissue, Trigger Point, Reflexology, Visceral Manipulation, Ace MediCupping, Lymphatic Drainage, CranioSacral, Bowenwork, Gua Sha, Fire Cupping, ROM and stretching or Kinseo Taping.
- Body parts to be massaged include face, neck, shoulders, back, arms, buttocks, hip flexors, legs (front & back), pectorals, abdominals, ribs and feet. Genitals are ALWAYS excluded.
- RMM uses the standard draping practice of only exposing the part of body to be massaged. Draping of the genital area and gluteal cleavage will be used at all times during the session for all clients.
- The massage therapist shall drape the breasts of all female clients and will NOT engage in breast massage of female clients unless the client gives written consent before each session involving breast massage.

If either the client or the massage therapist is uncomfortable for any reason, they may end the session.

I understand that RMM has sanitation protocols in place that help to reduce the spread of all illnesses. I acknowledge that due to the close contact required in massage therapy, there may be an elevated risk of transmission for any communicable illness.

I have reported all health conditions that I am aware of and will inform my therapist of any changes in my health.

**If you are under the age of 17, you must have the written consent of your parent or guardian to receive massage therapy services.**

### RESCHEDULED, CANCELLED AND MISSED APPOINTMENTS

When you schedule an appointment with our office, that time is specifically for you. By making an appointment, you accept responsibility to pay the full fee for the professional time that is reserved for you. To avoid charges, contact RMM at least 24 hours prior to appointment time. **If I cancel, reschedule or skip an appointment without 24 hour notice or more, I agree to pay the full session fee.**

Client Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Client Signature \_\_\_\_\_

### Consent to treatment of minor:

By my signature, I authorize Rockwall Medical Massage to administer massage or bodywork techniques to my child or dependent as they deem necessary.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_