



**Integrated Wellness Systems LLC.**  
**The Medical Massage Center**  
**292-6428**

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**Massage Therapy Informed Consent**

I, \_\_\_\_\_, (client) understand that massage therapy provided by, \_\_\_\_\_, (massage therapist) is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage therapy are specified below:

\_\_\_\_\_

\_\_\_\_\_

I understand that massage therapy is not a substitute for medical treatment or medications and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulation is not part of massage therapy.

I have informed the massage therapist of all of my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes.

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

Date of Initial Appointment: \_\_\_\_\_