Massage Therapy Informed Consent

Septmber 2023

I, _____ *(client)* understand that massage therapy provided by Campbell Endeavors, LLC (**Nancy Jo Campbell, LMT)** *(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 therapeutic touch. The client and massage therapist have discussed any other intended purposes for this and future massage sessions.

- **I agree to pay the agreed upon amount in this session and future sessions. I agree to pay the full value of the session price should I not show up nor call for any future appointments. Same-day cancellations may be subject to a $40 fee. (No-fault and Workman's Compensation cases must adhere to the Big Island Massage Therapy Network Policies.)**
- The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me.
- 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 manipulations are <u>not</u> part of massage therapy.
- I have informed the massage therapist of all my known physical conditions, medical conditions, and medications, and I will keep the massage therapist updated on any changes.
- **To the best of my knowledge, I have not come in contact with any person(s) who have contracted the Covid-19 virus, "Monkey Pox," or any other infectious disease.**
- I understand Nancy's policies and agree to abide by them. I can find them online or am entitled to a copy of policies should I request.

_____

Client Signature *Date*

Mahalo!