



Therapeutic Massage Informed Consent

I understand that therapeutic massage involves neither diagnosis nor treatment of any condition and is not a substitute for medical care. 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 any spinal adjustments. I am aware that if I have any serious medical diagnosis I must provide a physician’s written consent prior to services.

Draping will be used at all times for full-body massage. Neither breasts nor genitalia will be massaged. Additionally, I wish the following body areas to be avoided (if any):

I may request to end the session and it will end promptly if I am uncomfortable for any reason.

If a client is under the age of 17, written consent from the client’s parent or guardian is required.

Art Sansone LMT has training in the following forms of massage: Swedish, Deep Swedish, Orthopedic, Craniosacral Therapy (CST), Visceral Manipulation (VM), Myofascial Release (MFR), Zero Balancing (ZB), Muscle Energy Technique (MET), Strain/Counterstrain (S/C). **Please place a line through any techniques you do NOT wish to receive.**

To be completed by Art Sansone LMT:

Type of massage technique to be used:

Parts of the body to be massaged (including indications and contraindications):

Client signature_____ Date_____ (Parent or Guardian if under the age of 17)

Therapist signature_____ Date_____