TREATMENT INFORMED CONSENT FORM
Wellness Solutions LLC, A Healing Arts Studio

I understand that massage therapy is not a substitute for medical examination, diagnosis, or treatment of an illness. Massage therapists are not licensed to perform skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and anything said in the course of the session should not be construed as such.

I understand that my feedback is essential for a safe and effective massage treatment. If something hurts or feels uncomfortable, I will let the therapist know as soon as possible.

The following sometimes can occur during a therapeutic massage as a normal response to relaxation: the need to shift position, sighing, yawning, stomach gurgling/gas, emotional feelings release, daydreaming or falling asleep.

I have stated all of my known medical conditions and answered all the questions honestly and to the best of my ability.

Draping will always be used, but I am aware that clothing can be left on if I prefer to do so.

If anything changes in the information provided to Wellness Solutions, I will notify the therapist and update this form before receiving another massage treatment. I understand that results are not guaranteed. I understand that the massage therapist is not responsible for any complications that may arise from massage exercises.

I understand that a record will be kept on my personal information and the services provided. This record will be kept confidential and will not be released to others unless so directed by myself or unless the law requires it.

I understand this Consent Form and intend this form to cover the entire course of treatment with Wellness Solutions LLC and its associated massage therapists. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time. The massage treatments I receive at Wellness Solutions LLC are voluntary. I release Wellness Solutions LLC from full liability and assume full responsibility thereof.

By my signature, I confirm all of the above and give my consent to receive massage therapy.

Name Printed: ________________________________ Signature: ________________________

Signature of Guardian: _________________________ Date: ___________________________

Massage Therapist Signature: _________________________ Date: ___________________________