



Wholistic Massage LLC

Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the treatment may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination by a physician and I should see a physician, or other qualified medical specialist for any mental or physical ailment of which I am aware.

I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and nothing said in the course of the session given should be construed as such.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. Understanding all of this, I give my consent to receive care.

Signature of Patient

Signature of Patient's Guardian:

Date: _____

Patient Name (Printed):
