NEW IMAGE HEALTH & WELLNESS
MASSAGE THERAPY INFORMED CONSENT

Client Information

First Name: _____

Last Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Preferred Contact Method: _____

Service: Massage Therapy (Swedish, Deep Tissue, Sports, Prenatal, Signature Massage with Foot Spa, or other modalities as discussed).

1. Description of Treatment
Massage therapy involves manual manipulation of muscles, tendons, ligaments, fascia, and other soft tissues through techniques such as kneading, pressure, stretching, and stroking. The purpose is to promote relaxation, reduce muscle tension, improve circulation, alleviate discomfort, and support overall wellness. Sessions typically last 30–90 minutes.

2. Expected Benefits
• Relief from stress, tension, and muscle soreness
• Improved flexibility, posture, and range of motion
• Enhanced circulation and lymphatic drainage
• Support for injury recovery and chronic discomfort
• Improved relaxation and wellness

3. Alternatives
No treatment, physical therapy, chiropractic care, acupuncture, yoga, exercise programs, heat/cold therapy, or over-the-counter pain relief.

4. Potential Risks and Side Effects
Common risks include temporary soreness, fatigue, bruising, redness, or skin irritation. Less common risks include aggravation of underlying conditions, allergic reactions to oils or lotions, dizziness, nausea, or emotional release during treatment. Massage may be modified or postponed for acute illness, infection, recent surgery, fractures, blood clots, severe osteoporosis, uncontrolled hypertension, open wounds, burns, or severe varicose veins.

5. Pre-Treatment Instructions
• Arrive hydrated and avoid heavy meals before treatment.
• Wear comfortable clothing.
• Disclose all medical conditions, medications, injuries, pregnancy status, and areas of concern.

6. Post-Treatment Instructions
• Drink plenty of water.
• Avoid strenuous activity for 12–24 hours.
• Apply heat or ice as recommended.
• Rest and monitor for unusual symptoms.

7. Follow-Up Care
Follow-up sessions may be recommended depending on your goals and condition. Contact the clinic if severe pain, swelling, fever, or unusual symptoms occur.

8. Draping and Privacy
You will be appropriately draped at all times. Only the area being worked on will be exposed. You may stop treatment or request modifications at any time.

9. Cost and Payment
Session Cost: $_____
Payment is due at time of service. A 24-hour cancellation notice is requested or a fee may apply.

10. Voluntary Consent
I have read and understand the information above. I have had the opportunity to ask questions and receive satisfactory answers. I understand the risks, benefits, and alternatives associated with massage therapy. I voluntarily consent to treatment and agree to communicate any discomfort during my session.

Client Signature: _____

Printed Name: _____

Date: _____

Therapist Signature: _____

Date: _____