

CLIENT CONSENT

The **benefits** of treatment include increased circulation, lymph flow and parasympathetic nervous system activity which cause a decrease in the levels of body toxins, and muscle soreness/stiffness. This results in an increased sense of relaxation.

The treatment may consist of either a **general relaxation** approach or be **focused** on a specific area(s) according to the wishes and goals of the client.

Although massage therapy can be performed through clothing or sheets, it is much more effective if there is direct contact between the therapist and client. Before the treatment begins, you will be asked to remove whatever clothing is necessary for treatment, within your comfort level. The therapist will leave the treatment room, during which time you will undress, and position yourself on the table, covered with the top sheet. The therapist will ensure that you are secure and covered before re-entering. The therapist will provide any assistance you require either undressing or getting onto the table, with your consent.

During the treatment you will be comfortably and securely draped with the sheet, only those areas being treated will be undraped.

The **side effects of massage** may include **light-headedness, lethargy**, or a need to go to the bathroom immediately following the treatment. There is a possibility of some **tenderness** in the 24-48 hours following the treatment. Please take extra time and care when getting off the table, and ask the therapist for assistance if you need it.

The **risks** of treatment can include some muscle tenderness or soreness for 24-48 hours following the treatment. If you are prone to bruising easily, you may notice slight superficial bruises, particularly if deeper techniques, such as trigger point release, have been performed. The therapist will inform you of any risks associated with other techniques used in your treatment. **A "risk" is a result that is not typical, but may be possible.**

If you decide, before, during or after the treatment, that you wish to pursue an **alternative** to the treatment outlined by the massage therapist, you may do so. (e.g...homecare exercises, or other massage therapy techniques)

If you decide not to have the treatment, you may find that the musculo-skeletal problems you are experiencing continue or increase in severity. They may start to interfere with your activities of daily living.

Please remember that as a client, **YOU control this treatment.** You have the right to **stop, modify, or change** the treatment at any time.

You also have a right to ask **questions** of your massage therapist at any time before, during or following the treatment.

I, _____ **understand the massage therapy treatment as proposed, and give my consent for this and future treatments.**

Signed _____ **Date:** _____