

## Informed Consent to Massage and/or Acupuncture Treatment

There are possible risks associated with manual therapy techniques used by Registered Massage Therapists. In particular you should note:

- Massage therapy is most effective when applied directly to the skin, but personal boundaries are determined by you, the patient. You are covered by a sheet at all times except for the area being treated.
- Some patients may experience short term aggravation of symptoms as a result of manual therapy techniques; such as assessment, treatment and self-care procedures.
- Deep massage may be associated with bruising and tenderness. If suggested by the therapist, and consented to by the patient, it is the patient's responsibility to inform the therapist of the patient's tolerance and maximum comfort level.
- Acupuncture may be associated with mild bruising and tenderness. If this occurs, it is the clients's responsibility to make the therapist aware of the situation and to discuss treatment alternatives.
- You, the patient and the therapist will work together in developing an informed treatment plan where both the patient and the therapist play an active part in the therapeutic process.
- If at any point, you are uncomfortable with any aspect of the treatment, it is your responsibility to inform the therapist who will stop the treatment and ask you clarifying questions to address the discomfort.

I acknowledge I have read this consent and I have discussed, or have been offered the opportunity to discuss, with my massage therapist the nature and purpose of massage and/or acupuncture treatment in general, the treatment options and recommendations for my condition, and the contents of this Consent.

I consent to the massage and/or acupuncture treatment recommended to me by my massage therapist including any recommended self care.

I am aware that I will be asked for consent for treatment at the beginning of each treatment after my therapist has proposed a treatment plan and that I may withdraw my consent at any point during the treatment by verbalizing this to my therapist.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Patient Signature (Legal Guardian)

\_\_\_\_\_  
Witness of Signature

Name : \_\_\_\_\_  
(please print)

Name : \_\_\_\_\_  
(please print)