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# CONSENT TO MASSAGE THERAPY TREATMENT

I hereby request and consent to the service of massage therapy treatment on me by the registered massage therapist at Whitby Chiropractic and Physiotherapy Centre. I understand that I will have an opportunity to discuss with the massage therapists and/or with other office or clinic personal, the nature of massage therapy treatment.

I understand the results may not be guaranteed. I am informed that, as in all health care, in the practice of massage therapy there are some very slight risks to treatment, including, but no limited to, muscle strains and sprains, bruising, light headedness or dizziness, and tenderness.

I do not expect the massage therapist to be able to anticipate and explain all risks and complications and I wish to rely on the massage therapist to exercise judgement during the course of the treatment which the massage therapist feels at the time, based upon the facts then known, as in my best interests.

I understand that I will be draped at all times and the areas undraped will be secure to ensure there is no indecent exposure. If undraping my gluteus is significant in the treatment I do understand that it is part of the therapy. I am informed that I have the right to terminate the treatment at any time, and the right to alter the therapist's pressure during the massage treatment. I am aware there are further alternatives offered such as chiropractic, acupuncture, and physiotherapy etc.

I have read the above consent. I have also had the opportunity to ask questions about its content, and by signing below I agree to the above mentioned procedure. I intend this consent form to cover the entire course of treatment for my present and future care.

_____
Patient's Name (Please Print)

_____ _____
Signature of Patient (Or Parent/Guardian) Date Signed