



Alpenglow Acupuncture, LLC

Massage Therapy Informed Consent Form

Patient Name/Guardian: _____

Date of Birth: _____

I understand that massage therapy is provided by Alpenglow Acupuncture's Licensed Massage Therapists and is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other intended purposes for massage therapy are specified below:

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. Possible side effects of massage may include temporary pain or discomfort in the area worked, bruising, swelling, and a sensitivity or allergy to massage oils.

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have.

I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications and that spinal manipulations are not part of massage therapy.

I will keep the massage therapist informed of my known physical conditions, medical conditions and medications. I will keep the massage therapist updated on any changes.

Signature required for treatment:

PATIENT or Guardian: _____

Date: _____

Witness: _____