MASSAGE THERAPY
461 KINGSLEY AVE
ORANGE PARK, FL 32073
(904) 213-9805 FAX: (904) 213-9806

Massage Therapy Informed Consent

I, _____, (client) understand that massage therapy provided by the **Tammy Corkins** LMT 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 as:
_____.

_____ I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder; does not prescribe medical or pharmaceutical treatment and does not do spinal manipulations.

_____ It is clear to me that massage is not a substitute for medical examinations and/or diagnosis, and it is recommended that I see a physician for any physical ailments.

_____ I have stated all my known medical conditions and medications/drugs/supplements taken, and understand I am responsible to update my massage therapist on my current state of health on all subsequent visits.

_____ I understand that the control of the pressure is mine. I will honestly communicate my pain tolerance with the therapist prior to the massage and indicate my expectations from this massage and the pressure I prefer.

_____ If I "no show" for an appointment I understand that I am responsible for paying a $25 fee. 6 business hours notice is needed for canceling an appointment, if proper notice isn't given, I will be responsible for paying a $25 "no-show" fee.*

_____ If I am late for an appointment I understand that the session will end at the scheduled end time. There will be no compensation given for the late start and I am responsible for the full amount of the time reserved or a $25 "no-show" fee if I am more than 10 minutes late.*

_____ I understand the massage offered is for therapeutic purpose only.

*All fees MUST be paid before any more services can be rendered at Bracken Family Chiropractic.
**Inappropriate suggestions or behavior will be unequivocally refused. Failure to follow this rule will result in immediate law enforcement reporting and termination of the session with no refund.

I have read the therapist's policies; I understand them and agree to abide by them.

_____ _____
Client Signature Date
(I attest that I am over 18 years of age. If a minor, parent or guardian must sign)