

Family Friendly Chiropractic Informed Consent

I understand that the massage/bodywork I receive is provided by a massage therapist for the basic purpose of relaxation and relief to muscular tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or stroke make be adjusted to my level of comfort. I further understand that massage and bodywork should not be construed as a substitute for medical examination, diagnosis, or for any mental or physical ailment that I am aware of. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in this session should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioners' part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances will result in IMMEDIATE termination of the massage session and I will STILL BE HELD LIABLE for payment of the appointment.

- A massage session may be cancelled due to specific medical conditions or symptoms indicated by myself or the massage therapist.
- A referral may be required by my primary care physician prior to my massage, if the massage therapist believes it is necessary.
- Please call 24 hours in advance of your scheduled appointment if you need to cancel or reschedule.

Client Signature: _____

Date: _____

Consent to treatment of Minor:

By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Parent/Guardian Signature: _____

Date: _____