



### CONSENT FORM FOR MASSAGE, MASSAGE THERAPY OR INTEGRATED THERAPY

It is your right to agree to what is done to your body during treatment. You exercise this right by giving your written consent. You may revoke your consent at any time. Please read the following information before signing this form. If you have any questions, please do not hesitate to ask them.

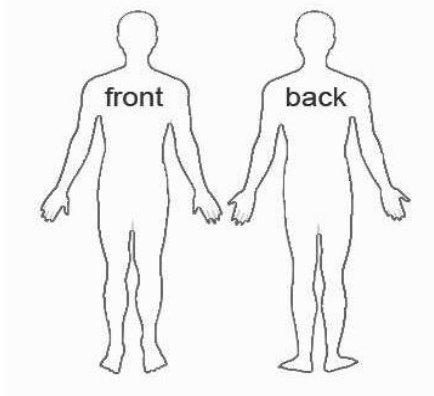
I, \_\_\_\_\_, hereby request and consent to the performance of a massage, massage therapy or integrated therapy treatment and other massage and energy healing procedures, including Reiki, on me by Jeff Phillips, Registered Massage Therapist, Reflexologist, Reiki Master/Teacher, Jade Stone Therapist and Cranio Sacral Practitioner.

I have had an opportunity to discuss and ask questions regarding the nature and purpose of massage, massage therapy, or integrated therapy treatment. I understand that Jeff Phillips does not diagnose illnesses or prescribe medications. I understand the benefits and the risks involved in receiving these treatments and that results are not guaranteed.

I fully understand that Jeff Phillips may not anticipate all the risks and complications that might present themselves during my treatment and I wish to rely on him to exercise judgment during the course of the treatment which he feels is in my best interests. I will inform him of any discomfort I feel during the therapy session and understand that the therapy will be adjusted to accommodate this.

*I also understand that, as part of my ongoing care, I may receive communications from you electronically or otherwise about my treatment and related services, together with you contacting other RELEVANT Healthcare Practitioners regarding my condition.*

I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment, hereby confirming that I have read and understand the above consent am capable of giving my full, voluntary informed consent to treatment. I have indicated the areas I **do not want** massaged by circling the figures below.



Name of client: \_\_\_\_\_

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

(If under 16)

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_