



Informed Consent

Patient Name: _____

File Number: _____

I hereby attest that _____, LMT has explained the type of massage treatment to be utilized and the nature and risks of this type of massage therapy. The risk probabilities, alternative treatment options and their associated risks, and the risks of not receiving treatment.

I understand the risks involved in undergoing treatment and have on my own volition decided to undergo the treatment provided by _____, LMT. I hereby give my consent to treatment by _____, LMT.

I also understand that any sexual inferences will warrant the therapist to end treatment at that time with no refund.

Patient Signature: _____

Date: _____

Patient Name (Print): _____

Witness Signature: _____

Date: _____

Witness Name (Print): _____