



## Client Consent Form

Print **First Name**: \_\_\_\_\_ Print **Last Name**: \_\_\_\_\_

I understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a physician, chiropractor, psychotherapist, or other qualified medical specialist for any mental or physical ailment of which I am aware.

I understand that massage/body work practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such.

Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep my practitioner Pamela updated as to any changes in my medical profile and understand that there shall be no liability on Pamela's part should I fail to do so.

I also understand any illicit or sexually suggestive advances made by me will result in immediate termination of the session, and I will be liable for the payment of the scheduled appointment.

Understanding all of this, I give my consent to receive care.

Client signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature (if client is a minor):

\_\_\_\_\_ Date: \_\_\_\_\_