

Heaven Sent Massage of Ellijay

Simplified General Consent Agreement

Name: _____

Today's Date: / /

Your Birthday: / /

Address: _____

City/ST/Zip _____

Home Phone: () -

Cell Phone: () -

Email: _____

Occupation: _____

Work Phone: () -

Are you taking any of the following medications?

Pain Relievers Aspirin Muscle Relaxers Stimulants Anxiety/Depression Insulin

Blood Thinners Blood Pressure Regulators Other: Please List _____

Please list any physical/medical conditions that the massage therapist may need to know about, or that may affect today's session in any way:

A Simplified Informed Consent Agreement

I understand that the massage given to me today by **Heaven Sent Massage of Ellijay** is for the purpose of **relaxation**, and/or stress reduction, pain reduction, relief from muscle tension, increasing circulation.

I understand that if I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.

I understand that the massage therapist does not diagnose illness or disease and does not prescribe medical treatment or pharmaceuticals, nor are spinal manipulations part of massage therapy.

I understand that massage therapy is not a substitute for medical care and that it is recommended that I work with my primary caregiver for any condition I may have.

I have stated all my known physical conditions and medications to the massage therapist.

My signature below acknowledges my understanding of the above and gives permission to providers of **Heaven Sent Massage of Ellijay** to provide me with massage therapy services today.

Client Name (Printed)

Client Signature

Date