Cornerstone Family Chiropractic

Informed Consent to Massage Therapy

I understand that massage therapy provided by Cornerstone Family Chiropractic is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

I understand the following possible adverse reactions and, by signing below, accept the risks associated with this treatment and hold the practitioner and clinic guiltless should they occur as a result:

- Temporary Pain or Discomfort
- Bruising
- Swelling
- Allergic Reaction to massage oils

I understand that I should not receive a massage, and must inform the therapist, if I have one of the following conditions:

- Deep Vein Thrombosis
- Bleeding Disorders
- Damaged Blood Vessels
- A Recent Fracture
- Cancer or Tumors
- A Fever
- An Infection
- An Open Wound

I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage technician does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage technician of all my known physical conditions, medical conditions and medications, and I will keep the massage technician updated of any changes.

Cornerstone Family Chiropractic is dedicated to providing a safe environment for massage. Upon the occurrence of any inappropriate behavior, the massage will be terminated, and there will be no refund.

I have read and understand the above guideline and agree to abide by them.

Print Patient Name: _____

Patient Signature: _____Date _____

For Minor (under 18 years): I give permission for my child, named above and _____ years of age to receive massage at Cornerstone Chiropractic. I further understand that such therapies will be performed at scheduled times and may be done in my absence.

Parent/Guardian Signature:_____Date_____