River Parkway Chiropractic

**Massage Therapy Client Consent & Disclosure Form**

**Procedures:**

You may be asked to do the following:

1. Provide information about your general health and musculoskeletal complaints. Questions are asked so that the therapist can find out whether or not you can receive certain types of massage. You have the right to refuse to answer any questions you feel are too personal.
2. Receive massage. You will be properly and professionally draped.

**Risks & Benefits:**

The techniques used in this session are standard and commonly used. They involve very little risk and serious side effects are rare.

**You should NOT participate in a massage therapy session if you are experiencing any of the following:**

\* Active cancer and/or undiagnosed lumps or lesions

\* Acute flare-up or arthritis or other inflammatory condition

\* Acute pneumonia

\* Contagious bacterial or viral infections (e.g. influenza, conjunctivitis [pinkeye], bronchitis)

\* Fungal infections of the skin (e.g. scabies, ringworm)

\* Lice

\* Loss of control of bowel or bladder, following a back or other injury

\* Severe or uncontrolled heart disease, particularly congestive heart failure

If you are experiencing active HIV/AIDS, you should carefully consider your participation as a massage therapy client, as it may place you at higher risk for contracting respiratory infection.

**Confidentially:**

Records created during a session will be kept private.

**Voluntary Nature of Participation:**

You have the right to refuse participation at any times before or during your session.

**Contacts & Questions:**

If you have any questions regarding the massage therapy session you may contact Kellie O’Brien: 612- 721- 2146

You will be given a copy of this form to keep for your records.

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.**

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**Client signature Date**