

Informed Consent to Massage Therapy

I understand that Massage Therapy sessions at Restorative Touch Chiropractic can consist of a combination of Swedish Massage, Deep Tissue Massage, Sports Massage, Myofascial Release, Trigger Point Therapy, Active Release Technique, Cranial Release, and Lymphatic Drainage.

If at any time during a session I perceive the pressure to become too deep, I understand that it is encouraged and expected for me to request a lighter pressure. Both positive and critical feedback throughout the session is welcomed for my ultimate comfort.

I further understand that, although it is not guaranteed, it is possible to feel muscular soreness after a massage. It is also possible to develop a headache. It has been explained to me that the best way to avoid soreness and a headache is to drink plenty of water after the session for the rest of the day. It can also be helpful to take a warm, Epsom salt bath.

I am aware that appropriate draping will be used at all times and that this is strictly a therapeutic massage. Sexual advances, innuendos and requests will lead to an immediate termination of the session, with full payment expected.

Date: _____

Name: _____

Signature: _____

Therapist Signature: _____