

**Kimberly A. Unverferth, L.M.T.**  
**108 Dr. Thatye Drive, P.O. Box 132**  
**Glandorf, OH 45848**  
**419-538-7500**

**INFORMED CONSENT FOR MASSAGE THERAPY**

Therapeutic Massage is intended to bring about relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation, and enhance other forms of medical treatment.

I acknowledge that Massage Therapy is not intended to cure illness and is not a substitute for medical treatment or medication prescribed by my primary care physician. I understand there is no implied or stated guarantee of success or effectiveness of individual techniques or series of appointments. I am aware that the massage therapist cannot diagnose illness, prescribe medications, or perform spinal or any other joint adjustments.

My insurance is an agreement between my insurance carrier and myself, therefore, I am responsible for payment of any services rendered at the time of the massage session. However, the therapist will provide information to my insurance carrier, upon request in writing from my insurance carrier, regarding my condition and procedures performed during the massage sessions indicated.

I understand a massage session may be terminated at the discretion of the therapist, on the grounds of any inappropriate conduct of the client, verbal or physical, and no refund shall be granted for such a termination.

It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and give my consent for massage. I have read, or had read to me, this above described consent form. I have the opportunity to ask relative questions if I desire, concerning a massage session, and by signing this form, I agree to all above procedures with full knowledge and consent. I intend for this form to cover this massage session as well as any future massage sessions for which Kimberly Unverferth, LMT is the health care provider.

**LATE-NO SHOW-CANCELLATION POLICY:** A 24 hour notice for cancellation or change of appointments is required. A \$20.00 fee will be charged for failure to notify of change or cancellation. A client arriving late for a scheduled appointment will receive massage for the remainder of the scheduled appointment and will be responsible for full payment of that appointment.

Printed Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Witness: \_\_\_\_\_  
(Parent/Guardian if patient is minor child)

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Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gender: \_\_\_ Marital Status \_\_\_ Spouse's Name \_\_\_\_\_ Referred by: \_\_\_\_\_

In case of emergency: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**General & Medical Information:**

If you answer "yes" to any of the following questions, please explain as clearly as possible.

- |   |   |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a professional massage?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any broken bones in the past two years?                                 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you experience frequent headaches?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have tension or soreness in a specific area?                                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you pregnant? Due Date? _____                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have cardiac or circulatory problems?   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you wearing contact lenses?                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from back pain?  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you diabetic?  | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have numbness or stabbing pains anywhere?                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have high/low blood pressure?                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you sensitive to touch/pressure in any area?                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to the previous question, are you taking medication for this? | <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? If yes, please explain in the comments area of this form. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from seizure disorders or epilepsy?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other medical condition that I should be aware of?                   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer frequently from stress?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you presently on any medications?  |

Comments: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED.**  
If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided. I understand that massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork therapists are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given 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 the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. It is also understood that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information and Suggestions for the Client**

- Prior to your massage, remove contact lenses and all jewelry. Pull long hair back with clip or hair piece
- As a rule, massage is given while you are unclothed. We provide a top sheet and/pr a towel. Modesty and comfort levels are vary from person to person. You may choose to wear undergarments or a swimsuit. This is your massage and you should feel as comfortable as possible.
- During your massage, you may want to give your therapist feedback as to pressure (deeper or lighter) or point out painful or ticklish areas of your body.
- Feel free to ask your therapist any questions about their procedure. Your therapist is a highly trained professional and will be happy to make you feel well informed and comfortable.