

Nicola Stackhouse

Massage Therapist #20999

8995 NW Ash St, Portland, Oregon, 97229

Massage Therapy Informed Consent

I, _____ (client), understand that massage therapy provided by Nicola Stackhouse, LMT

Is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch.

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I work concurrently with my Primary Caregiver for any condition(s) I may have. I am aware that the massage therapist does not diagnose illnesses or diseases, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist apprised as to any changes.

Client Signature _____

Date _____

Minor Informed Consent

(to be completed by parent/guardian if client is under the age of 18)

I _____ hereby give permission to Nicola Stackhouse, LMT to provide my minor child/person under my guardianship with therapeutic massage services as deemed appropriate to treat presenting conditions/injuries. I understand that I am financially responsible for the minor, and that all statements contained in this consent apply equally to both me and the minor.

Signed _____ Date _____

Parent/Guardian

My child/charge has my permission to appear for treatment without me present and I further understand that I must make the appointments.

Signed _____ Date _____