Massage Therapy Consent Form

Please take a moment to read and **initial** the following information:

[ ] **I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.***

[ ] **If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.***

[ ] **I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to diagnose, prescribe, or treat physical and/or mental illness.***

[ ] **I affirm that I have notified my therapist of all known medical conditions and injuries.***

[ ] **I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.***

[ ] **By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to massage therapy and bodywork.***

[ ] **Furthermore, I have been informed by the Clinic Director of Atlanta Health Connection that any health condition I may have that has not been evaluated by a licensed health professional may increase in severity and can put me at increased health risk. I understand and have declined the chiropractic services of Atlanta Health Connection and wish only to utilize the massage services under the aforementioned terms. If at any time I wish to seek care from Dr. John Vatistas, DC, I will inform the office and schedule an appointment to do so.**

[ ] **Cancellation Policy: I agree to a late cancellation fee of 50% of the cost of the scheduled service without 48 hours notice.**
In the case of an emergency the cancellation fees may be waived at the discretion of AHC management.

Name*

____

Telephone*

Cell: ______________ Home: ______________

Email Address*

______________ @ ______________

Signature* ______________ **Date*** ______________