



Relax and Renew

Therapeutic Massage, LLC

Print name _____ Date _____

Informed Consent

I, _____, (client) understand that massage therapy provided by, Elizabeth Picot, (massage therapist) of Relax and Renew Therapeutic Massage, LLC 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 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 concurrently work with my Primary Caregiver for any condition that I might have. I am aware that a massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not a part of massage therapy.

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

Signature _____

Policies and Procedures

I have read, understand, and will abide by the policies and procedures set forth by Relax and Renew Therapeutic Massage, LLC. I understand that failure to do so could result in termination of the therapeutic relationship.

Signature _____