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Consent to Treat

Please take a moment to carefully read the following information and sign where indicated

I understand Myofascial Release/bodywork may be contraindicated. A referral from my primary care provider may be required prior to service being provided. I further understand that bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of and is beyond the scope of my massage therapist. I understand that massage bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, 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 Myofascial Release/massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and have answered all questions honestly. I agree to keep my 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 my understanding 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 the full payment of the scheduled appointment. I understand that I will be charged for appointments I cancel or miss without 24 hours prior notice of my scheduled appointment. I also understand that if I arrive late, I will receive that remainder of my time but will be liable for payment in full.

Client Signature

Date

Consent for the treatment of minor:

By my signature below, I hereby authorize _____ to administer Myofascial Release/massage/bodywork therapy techniques to my child or dependent as they deem necessary.

Client Signature

Date