Rollette Chiropractic Center
Therapeutic Massage Consent and Waiver

1. I understand that massage body workers are not medical doctors and do not diagnose illness, disease, or any physical or mental disorder. I understand that it is my responsibility to communicate with my therapist if I have concerns or questions about my session. I do not have any injuries that would prevent me from receiving a massage, nor have I been told by a health care provider that I should not receive massages.
2. I understand that massage therapy and body work services are a therapeutic health aid and are non-sexual. I understand my therapist reserves the right to end a therapy session in the case of sexual innuendo or advances from the client. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the massage, and I will be liable for full payment of the scheduled session.
3. Any information exchanged during a massage or body work session is confidential and is used to provide me with the best health care services available. In addition, any applicable information to facilitate better healthcare may be given to providing physicians. I understand that the therapist will ask me questions about my health and physical condition and that I am obligated to answer truthfully and honestly about my health history in full detail.
4. I understand that feedback is essential in my treatment, and that if I experience any unusual discomfort and/or pain during my massage session, it is my responsibility to inform the therapist in order to enable the therapist to adjust the pressure or technique being used.
5. The therapist reserves the right to decline, discontinue, or restrict services based on provided information that may indicate that massage therapy would put my health or the therapist's health at risk.
6. I acknowledge that I am responsible to be on time for my appointment and that the therapist is not under any obligation to extend my therapy session. I also agree that I am responsible to pay from the full time I have booked with the therapist if I am late. I understand that my appointment time is reserved for only me.
7. _____(int.) I acknowledge that unanticipated events happen, i.e., emergencies, car problems, sudden illness. Rollette Chiropractic Clinic's desire to be effective and fair to all of our patients and out of consideration for our massage therapist's time have adopted a 24 hour notice of cancellation. **Failing to cancel any massage appointment within 24 hours will result in being charged the full fee for the service.**
8. I understand that my massage therapy and body work are for the purpose of stress reduction, relief of muscular tension and spasm, general relaxation, and improvement of circulation and energy flow.
9. I understand that the practitioner does not prescribe medical treatment of pharmaceuticals, nor does he/she perform and spinal manipulations. The services offered today, and in the future, are not substitute for medical care and that any information provided to me by the therapist is purely for educational purposes and is not diagnostically prescriptive in nature.
10. I have stated all my known medical conditions on the client intake form. I have been cleared to receive a massage. I understand that it is solely my responsibility to keep the therapist updated on any changes in my physical health and I further understand that Rollette Chiropractic Center and the therapist shall not be liable for any purpose and for any reason whatsoever, should I fail to do the needful as per this paragraph.

Client: By signing this "Informed Consent and Waiver," I consent to receive therapy at Rollette Chiropractic Center and hereby agree to all policies of Rollette Chiropractic Center, and waive and release

Rollette Chiropractic Center and its entire staff, massage therapist, from all past, present, and future liability, loss, cost, claim, or damage whatsoever which may be imposed upon the company relating to massage therapy and body work; including but not limited to reflexology, acupressure, polarity therapy, energy therapy, nutritional therapies, all forms of kinesiology, aromatherapy, myofascial release therapy, trigger point therapy, stretching, strength, condition training, among others. I further undertake to indemnify and hold Rollette Chiropractic Center harmless from any incident (s) arising from my use of Rollette Chiropractic Center's services.

Parent/Guardian Waiver for Minors: If the client is less than 18 years old, the Client's parent or legal guardian hereby represents that he/she is, in fact, acting in that capacity, has consented to his/her child availing of the services of Rollette Chiropractic Center, and had agreed individually and on behalf of the child, to the terms of this "Informed Consent and Waiver." The undersigned parent or guardian further agrees to save and hold harmless and indemnify Rollette Chiropractic Center from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon the company relating to massage therapy and body work; including but not limited to reflexology, acupressure, polarity therapy, energy therapy, nutritional therapies, all forms of kinesiology, aromatherapy, myofascial release therapy, trigger point therapy, stretching, strength, condition training, among others, on behalf of the client and all of the client's parents or legal guardian.

Name (First and last):_____

Address:_____

City/State:_____ ZIP:_____

Phone:_____ Occupation:_____

How did you find our office: _____

Reason for visit:_____

Any recent illness or surgeries:_____ If yes, please explain:_____

If female, are you pregnant? _____ If yes, current trimester: 1 2 3

Allergies:_____

Please check any/all that apply to you:

____ Arthritis	____ Disc Problem	____ Osteoporosis
____ Bruise easily	____ Heart Condition	____ Varicose Veins
____ Cancer	____ Headaches	
____ Diabetes	____ High Blood Pressure	

Patient/Parent or Guardian Signature_____Date: _____