



Oasis Body Therapies

Informed Consent Form

- I am a Professionally Licensed massage therapist in the state of Pennsylvania and follow all confidentiality and HIPPA guidelines.
- Clients must provide a health history and update when necessary.
- If cancellation is necessary, please give 24-hour notice. If you do not give notice you will be charged a \$25 fee at your next appointment. The 2nd time it happens and anytime thereafter, you are charged for the full price of the massage missed. Emergency cancellations are determined at the practitioner's discretion.
- Sessions begin and end at scheduled times. If you arrive late, you will lose that time off your session and will still be charged full price.
- Payment is expected at the time service is rendered.
- If you have a cold, flu, sore throat, stomach virus, poison ivy, skin rash, anything contagious, please reschedule your appointment.
- Please do not be under the influence of alcohol or drugs because massage can be dangerous to you under these conditions.
- If the practitioner's safety feels compromised, the session is stopped immediately.
- Please shower prior to your session as clean skin is easier to work on.
- Do not eat a heavy meal less than two hours prior to the treatment.
- Clients under the age of 18 must be accompanied by a parent or legal guardian during the entire session. Informed written consent must be provided by parent or legal guardian for any client under the age of 18.
- I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.
- I also understand that the Massage Therapist reserves the right to refuse to perform massage on anyone whom he/she deems to have a condition for which massage is contraindicated.
- Written referral is needed if you are receiving care from another provider

I understand that massage therapy can include such benefits as stress reduction, reduction of pain, increased flexibility, improved sports performance, enhanced endurance, injury prevention, improved circulation and relief from muscular tension. Although many people experience these benefits, every body is different and there are no guarantees.

Risks associated with massage may include muscular soreness, and bruising with some deep tissue work. As we are letting the body heal naturally you may feel worse before feeling better.

To experience the benefits of massage I understand I need to be relaxed and comfortable. To this end it is my right and responsibility to voice any concerns so that the therapist can adjust to assure maximum comfort during the massage. To perform massage effectively the body portion being worked on will be uncovered while being worked on then draped to provide for warmth.

The Massage Therapist neither prescribes medical or pharmaceutical treatment nor performs any spinal adjustments. It has been made clear to me that Massage Therapy is not a substitute for medical or chiropractic treatment and that nothing said in the course of the session should be construed as such.

Please initial by each to give permission to use following modalities.

Swedish	Hot Stones	Myofascial release	Trigger point	Stretching	Range of motion	Deep tissue
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Print Name _____ Signature _____
Date _____

LMT Signature _____ Date: _____

Sign here for permission to share your treatment information with the referring doctor _____